

S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18166
Registrar's No. 39

Registration District No. 420

Primary Registration District No. 3022

1. PLACE OF DEATH: Jefferson
(a) County Jefferson
(b) City or town DeSoto
(c) Name of hospital or institution: none
619 South Third St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 50 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town DeSoto
(d) Street No. 619, South Third St.
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ALMEDA BURGESS
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Allen Burgess
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased April, 22, 1862.
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 18
If less than one day hr. min.

9. Birthplace Jefferson Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business
12. Name Simon Bittick
13. Birthplace Jefferson Co., Mo.
14. Maiden name Martha Stoker
15. Birthplace Jefferson Co., Mo.

16. (a) Informant Gera Burgess
(b) Address DeSoto, Mo.
17. (a) Burial (b) Date thereof June 10, 1941
(c) Place: burial or cremation DeSoto, Mo.

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.
19. (a) June 12, 1941 (b) Matthe Woods
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8
year 1941 hour 5 minute 30AM

21. I hereby certify that I attended the deceased from Dec. 27, 1941 to June 8, 1941
that I last saw her alive on June 8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic heart disease
Coronary thrombosis

Duration 7
40 min
Due to
Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
383 (Specify type of place) While at work? (e) Means of injury

23. Signature Paul V. McIndoo (M. D. or other) 9
Address DeSoto, Mo Date signed 4/8/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-17-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

.....
working under my personal supervision.

Signed

Joe Wehner

Licensed Embalmer No. 3531

P. O. Address Edoto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.