

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

STANDARD CERTIFICATE OF DEATH

Registration District No. 461

Primary Registration District No. 3024

Registrar's No.

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Livingston  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 14th South 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO County Lafayette

(b) City or town Livingston 3  
(If outside city or town limits, write "RURAL")

(c) Street No. 14th South 2  
(If rural, give location)

(d) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Eldridge Burden

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1941 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Wabash  
1941, to May 27, 1941;  
that I last saw him alive on May 27, 1941  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 14 1841  
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis Duration \_\_\_\_\_

Due to Age

Due to \_\_\_\_\_

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

8. AGE: Years Months Days If less than one day

99 11 13 hr. min.

9. Birthplace Livingston MO  
(City, town or county) (State or foreign country)

10. Usual occupation Lawyer

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Eldridge Burden

13. Birthplace Pa 1754  
(City, town or county) (State or foreign country)

14. Maiden name Patsy Waddell

15. Birthplace Lafayette Col MO  
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Maude Lehman

(b) Address Livingston, MO

17. (a) Buried (b) Date thereof May 29-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, MO

18. (a) Signature of funeral director Winkler

(b) Address Livingston, MO

19. (a) June 2-41 (b) Delia Bates  
(Date received local registrar) (Registrar's signature)

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? 800

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. H. Ford (M. D. or other) C

Address Livingston, MO Date signed 6/2/41

RECEIVED  
District Health Officer No. 8,  
District File Number 6-10-41  
Date Filed

**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 *Geo. A. McLean*  
Licensed Embalmer No. 2983  
P. O. Address *Leungton Mo*

**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, fact should be so stated above.**