S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2501

Registration District No. 411 Primary Registration District No. 5569 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin - Galena (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. 1 - Webb City 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 35 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin - Rural (If outside city or town limits, write "RURAL")
(d) Street No. R.R. - Webb City (If rural, give location)
(e) Citizen of foreign country? Galena Township (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Augustus Jack Burnham
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Burnham
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased May (Month) 1 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
71	8	2	hr. min.

9. Birthplace (City, town, or county) California (State or foreign country)
10. Usual occupation Mine Operator
11. Industry or business
FATHER
12. Name C. W. Burnham
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Rose M. Burnham
(b) Address Joplin Mo
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan 5 1942 (Month) (Day) (Year)
(c) Place: ~~burial~~ or cremation Elmwood Cem. R.C. Mo
18. (a) Signature of funeral director Webb City Und. Co.
(b) Address Webb City Mo
19. (a) 1-3-42 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd year 1942 hour 830 minute P. M.
21. I hereby certify that I attended the deceased from Dec 24, 1934, to Jan 3, 1942 that I last saw him alive on Jan 3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	3 yrs
Due to	
Due to	
Other conditions Coronary Occlusion (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations
Of autopsy NO

13 f

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. ~~or other~~)
Address Joplin Date signed 1-3-42

(Licensed Embalmer's Statement on Reverse Side)

42-1-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.