

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 862

Primary Registration District No. 6139

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural Morris Jwp
(c) Name of hospital or institution:
n.w. of Cabool
(d) Length of stay: In hospital or institution _____
In this community all of life
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas
(c) City or town Rural 10 1/2
(d) Street No. Morris Jwp
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Amos D. Burr

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex m. c 5. Color or race w. 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased June 27 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name B. G. Burr
13. Birthplace Kansas
14. Maiden name Mary J. Hook
15. Birthplace Antworn

16. (a) Informant Joe Brown
(b) Address Rt 1 Intn Grove Mo.

17. (a) Burial (b) Date thereof May 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Cemetery

18. (a) Signature of funeral director Daymond V. Elkhart
(b) Address Cabool Mo.

19. (a) June 1-42 (b) Mrs. Son Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1942 hour 7 1/2 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 18 1942 to May 23 1942
that I last saw him alive on May 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to _____

Due to _____

Other conditions 92
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Boats (M. D. or other)

Address Cabool Mo Date signed 5-23-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

27
00

1251

RECEIVED

District Health Officer No. 5,

District File Number 742522

Date Filed 8-11-42

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, above space should be left blank.