

FILED JAN - 6 1943

Registration District No. 92

Primary Registration District No. 5333

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade
(b) City or town rural, Grant Twp.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 802 S. Madison Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME George Francis Burbank

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 Zelma Burbank 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 12 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 7 24 hr. min.

9. Birthplace Clayton Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Juvenile Shoe Corp.

12. Name Frank Edwin Burbank

13. Birthplace ? Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Eshon

15. Birthplace ? Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Zelma Burbank

(b) Address 802, S Madison Ave. Aurora Mo.

17. (a) Burial (b) Date thereof 12/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. J. King

(b) Address Aurora Mo.

19. (a) 12-8-1942 (b) Bernice McComer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1942 hour 4 minute 10 P. M.

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

Immediate cause of death Never saw him alive. He died while hunting Sunday and friend was with him at time of death. In my opinion, he died of a heart attack.
Due to.....
Due to.....

Other conditions.....
(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 H. D. Combes (M. D. or other).....

Address Lockwood Mo. Date signed 12-8-42

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

29
00

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 143-5

Date Filed JAN 4 1943

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..... *Hermon M. Surridge*

Licensed Embalmer No. 3072

P. O. Address Aurora 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.