

No. 2
-5-42
17-39
X32873

FILED FEB 23 1943

Registration District No. 100-05134 Primary Registration District No. 100-05134 Registrar's No. 137

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
R. R. # 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL.")

(d) Street No. R. R. # 5 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Elmer Burrell

3. (b) If veteran, name war no

3. (c) Social Security No. 702-12-9855

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Myrtle Burrell

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Aug. 5, 1886
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Davis City Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Yard Foreman

11. Industry or business St. Joseph Union Terminal R.

12. Name Asa Burrell

13. Birthplace Decatur Co. Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Earl

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

16. (a) Informant Mr. Ernest Burrell

(b) Address R. R. # 8, St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 31, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cem.

18. (a) Signature of funeral director Clark M. ...

(b) Address 5025 King Hill Ave.

19. (a) 1-31-43 (b) Rae Heig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1943 hour 6 minute 10 P M.

21. I hereby certify that I attended the deceased from Jan 27 1943 to Jan 28 1943
that I last saw h. alive on Jan 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rt Face

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 53

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 Clark M. ... (M. D. or other) MA

Address ... Date signed 2-1-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

MAR 17 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 Erica Clark
Licensed Embalmer No. 4238
P. O. Address J. Joseph

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.