

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 12 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11618

Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 325
(b) Township Stennard Primary Registration District No. 4497 Registered No. 55
(c) City Stennard (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold Burger

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 6 1943
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or 1/2 min.
0 0 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) Stennard (STATE OR COUNTRY) Mo

13. NAME Harold Burger
14. BIRTHPLACE (CITY OR TOWN) Schuyler (STATE OR COUNTRY) Mo

15. MAIDEN NAME Mabel Smith
16. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo

17. INFORMANT Harold Burger (ADDRESS) Stennard Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stennard DATE Mar 6 1943

19. FUNERAL DIRECTOR (NAME) True Morehead (ADDRESS) Lancaster Mo

20. FILED Mar 6 1943 Al. Justice Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1943

22. I HEREBY CERTIFY, That I attended deceased from Mar 6 1943, to Mar 6 1943.

I last saw him alive on Mar 6 1943. Death is said

to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

Premature (6 months)

Date of onset

Other contributory causes of importance: 159

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. E. Vaughn, M. D.
(Address) Lancaster

1274

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 4-43-703

Date Filed APR 10 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

True Morehead

Licensed Embalmer No.

3731

P. O. Address

Lancaster 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, above space should be left blank.