

X32873

LED MAY 14 1943

Registration District No.

Primary Registration District No. 2007

Registrar's No. 143

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours
(Specify whether)

In this community 12 years, months or days

3. (a) PRINT FULL NAME George W. Burgess

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucy

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased March 7, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>0</u>	<u>25</u>	hr. min.

9. Birthplace Dunklin County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name " " (City, town, or county) (State or foreign country)

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

16. (a) Informant Donald Burgess

(b) Address Saginaw, Michigan

17. (a) Burial (b) Date thereof May 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near Kennett, Missouri Gregory Cemetery

18. (a) Signature of funeral director Greer Croy Funeral Serv.

(b) Address Poplar Bluff, Missouri

19. (a) 5-8-43 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Quin (rural)
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. # 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1943 hour 8:30 minute 2 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 concussion of the brain.

verdict of coroner's jury by a fracture of the skull caused by being knocked down three times by Clarence Carver.

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy

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 May 1, 1943

(c) Where did injury occur? Quin, Butler Co., Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Dusch's Pool Hall - Public Place

While at work? No (Specify type of place) (e) Means of injury Fight

23. Signature Alfred McGee Butler Co. Coroner
(M. D. or other) (Date signed) 5-4-43

Address Poplar Bluff, Mo.

RECEIVED

District Health Office No. 2,

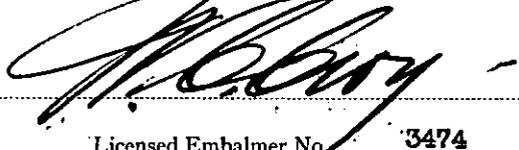
District File Number 543-694

Date Filed 5-12-48

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.....

L. V. Adamson....., Registered Apprentice No. 349
working under my personal supervision.

Signed.....


Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13822
Registrar's No. 143

Registration District No. 13 Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Bullett
(b) City or town Paplaw Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Paplaw Bluff Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME George W Burgess
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased March 7 - 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 0 If less than one day _____ min.

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

10. Usual occupation _____
11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Bullett
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, that I last saw him _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 167

Major findings: _____
Of operations _____
Of autopsy _____

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) Homicide

(b) Date of occurrence May 1 - 1943
(c) Where did injury occur? Rural Bath mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pool Hall
While at work? no (Specify type of place) (e) Means of injury _____

23. Signature Alfred M. Green Coronar (Print name)
Address Waplariff mo Date signed 5/1/43

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

SUPPLEMENTARY

MOTHER FATHER

