

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

26244
Do not use this space.

FILED AUG 10 1943

1. PLACE OF DEATH
(a) County SALINE Registration District No. 3 2 3
(b) Township E. M. WARD Primary Registration District No. 6089
(c) City _____ (d) Street No. 1 Registered No. 17
(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 SAMUEL BURFORD
(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 NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ABOUT 1855
7. AGE YEARS 90 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as saw mill, bank, etc. TILLER of soil
10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation. LIFE

12. BIRTHPLACE (CITY OR TOWN) SALINE Co (STATE OR COUNTRY) Mo

FATHER 13. NAME Willis Burford

14. BIRTHPLACE (CITY OR TOWN) VA (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME SALLY BARNES

16. BIRTHPLACE (CITY OR TOWN) NOT KNOWN? (STATE OR COUNTRY)

17. INFORMANT J. R. Buford (ADDRESS) Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE SALT Pond Baptist DATE AUG 1 1943

19. FUNERAL DIRECTOR (NAME) R. C. Carter (ADDRESS) Sweet Springs Mo

20. FILED Aug 1 1943 Madhu Hoffmann Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 30 1943
22. I HEREBY CERTIFY, That I attended deceased from June, 1940, to 7-22, 1943. I last saw him alive on 7-22, 1943. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Senility
Other contributory causes of importance: 93% 2

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 Chas R. Parsons, M. D.
(Signed) Madhu Hoffmann (Address) Sweet Springs Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-19-43 I X16605

Member

Exp. Date

8-9-43

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.....

R. Carter

Licensed Embalmer No. *3573*

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.