V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 16 1944

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11426

Primary Registration District No. 5694

Registrar's No. 39

59
0
0

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Rural Chillicothe Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe R 3 D 5, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 79 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 59
(a) State: Missouri (b) County: Livingston
(c) City or town: Rural Route 5 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4½ Mi North Chillicothe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: John D Burns

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: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: Feb (Month) 8 (Day) 1865 (Year)

8. AGE: Years 79 Months 0 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace: Chillicothe (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: —

FATHER
12. Name: Calvin M Burns
13. Birthplace: Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Nancy Lollond
15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Sul Tasa Cooper
(b) Address: Chillicothe Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Plainview Cem
18. (a) Signature of funeral director: James D Gordon 1876
(b) Address: Chillicothe Mo
19. (a) March 29 (Date received local registrar) (b) Lou Etta Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th year 1944 hour 7 minute 30-0 P.M.

21. I hereby certify that I attended the deceased from June 1, 1943 to Mar 27, 1944 that I last saw him alive on Mar 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	4 years
Due to:	
Due to: 93d	
Other conditions (Include pregnancy within 3 months of death)	

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):
(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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Geo Allen (M. D. or other)
Address: Chillicothe Mo Date signed 3/29/44

(Licensed Embalmer's Statement on Reverse Side)

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 James D Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe

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.