. S. No. 2
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1944

Registration District No. 75

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37513

State File No.

Primary Registration District No. 3015

Registrar's No. 65

1. PLACE OF DEATH:

(a) County CLINTON

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

(c) Name of hospital or institution:
611 - S. CHESTNUT 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

(d) Street No. 611-S. Chestnut St. 1
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME LINN W. BURR.

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Eva Burr.

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct (Month) 22 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	1	7	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Linus Burr
13. Birthplace Middlebrook (City, town, or county) Conn. (State or foreign country)

MOTHER
14. Maiden name Lucy E. Taylord
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. L. W. Burr.
(b) Address Cameron

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof DEC 1 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Packard Cem. Cameron MO

18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron Mo.

19. (a) Nov. 30. 1944 (Date received local registrar) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1944 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1944, to Nov 29, 1944
that I last saw him alive on Nov 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 M. L. Peters (M. D. or other)

Address Cameron Mo. Date signed Nov 29/44

1085

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1952

MAY 23 1945

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.....

Licensed Embalmer No. 3960

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, fact should be so stated above.