

FILED JAN 2 1948

Registration District No. 168

Primary Registration District No. 4257-5611

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Lecton, Mo. - RR-2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Post Office
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Lecton, Mo. -
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William Henry Burford
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th year 1944 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on 12-13 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rena Cathine Burford 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Apr. 29, 1867
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 1 hr

8. AGE: Years 77 Months 8 Days 14 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Johnson Co. Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer

11. Industry or business _____

Major findings: Of operations _____ Of autopsy _____

12. Name William N. Burford

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

14. Maiden name Elizabeth Williams

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

16. (a) Informant Henry Burford

(b) Address Lecton, Mo.

17. (a) Green Cemetery (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director R.A. Brumming

(b) Address Lecton, Mo.

19. (a) Dec 15, 1944 (b) R.A. Brumming (Registrar's signature)

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? _____

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

23. Signature R. Lee Cooper (M. D. or other) _____

Address Warrensburg, Mo. Date signed 12-26-44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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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. me -

working under my personal supervision.

Signed

J. M. Brumby

Licensed Embalmer No. 3377 -

P. O. Address Lecton, 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.