

FILED JAN 22 1945

Primary Registration District No. 543

Registrar's No. 414

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution: Rural Route # 3
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Poplar Bluff Rural
(d) Street No. Route # 3
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Richard 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 Married
6. (b) Name of husband or wife Bertha Burns 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased August 27 1871

8. AGE: Years 73 Months 3 Days 29 hr. min.

9. Birthplace White County Ill.

10. Usual occupation Farmer

11. Industry or business

12. Name John Burns
13. Birthplace Ill.
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN

16. (a) Informant Mrs Bertha Burns

(b) Address Poplar Bluff Route # 3

17. (a) Burial (b) Date thereof 12-27-44
(c) Place: burial or cremation Rombauer

18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff Mo

19. (a) 12-28-44 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1944 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA Lobar Duration 5 Days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108 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?
(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 [Signature] Address Poplar Bluff Mo Date signed 12/27-44

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 145-57

Date Filed 1-16-45

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.

Not Embalmed

Signed..... *James W. Green*.....

Licensed Embalmer No. 3964

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.