S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2175

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 32

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1231 BENTON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 1231 BENTON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME JEFFERSON DAVIS BURGESS

3. (b) If veteran, name war UNK.
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife UNK.
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased August (Month) 8, (Day) 1861 (Year)

8. AGE: Years 83 Months 5 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Morton (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Retired merchant & farmer
11. Industry or business Merchandising & farming

FATHER
12. Name Timothy Burgess
13. Birthplace Unk. (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Julian Kaarns
15. Birthplace Unk. (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Mrs. J. L. Knight
(b) Address 1231 Benton Springfield, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 11-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Jackson, Miss
18. (a) Signature of funeral director J. W. Klingner Co.
(b) Address Springfield Mo.
19. (a) 1-11-45 (Date received local registrar) (b) Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN, day 11 year 1945 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1945 to Jan 11, 1945 that I last saw him alive on Jan 10, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral regurgation	unknown
Due to ✓	
Due to Arteriosclerosis & senility	unknown
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 W. T. Walsh (M. D. or other)
Address Springfield Mo. Date signed 1/11/45

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(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... Ogle Stone Jr.

Licensed Embalmer No... 4176

P. O. Address... Springfield

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.