

FILED MAY 9 1946
Registration District No. **8.2**

Primary Registration District No. **3017**

Registrar's No. **201**

1. PLACE OF DEATH:

(a) County **Cooper**

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

(c) Name of hospital or institution:
At home /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **75 Years.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper 27**

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

(d) Street No. **535 Fourth St.**
(If rural, give location)

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

If yes, name country: **---**

3. (a) PRINT FULL NAME **Robert P. Burge.**

3. (b) If veteran, name war: **----**

3. (c) Social Security No. **497-12-5105**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Addie Parker Burge**

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

7. Birth date of deceased: **April 6 1863**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83		13	hr. min.

9. Birthplace: **Bates County, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Retired Plumber.**

11. Industry or business:

MOTHER FATHER { 12. Name: **Oscar Burge.**

13. Birthplace: **Kentucky.**
(City, town, or county) (State or foreign country)

14. Maiden name: **Elizabeth Miller.**

15. Birthplace: **Cooper County, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Miss Dora Burge.**

(b) Address: **Boonville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **April 31st 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Walnut Grove Cem.**

18. (a) Signature of funeral director: **Goodman & Ball**

(b) Address: **Boonville, Mo.**

19. (a) **Apr. 19. 46** (Date received local registrar) (b) **Clay Morris** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19** year **1946** hour **12:05** minute **A** M.

21. I hereby certify that I attended the deceased from **21 Apr 1 1944** to **April 18 1946** that I last saw him alive on **April** and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**

Due to: **arteriosclerosis**
Hypertension

Due to:

Other conditions: **---**
(Include pregnancy within 3 months of death)

Major findings: **none** (b) Of operations: **---** (c) Of autopsy: **none**

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?

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

23. Signature: **T.C. Beckett** (a) Address: **Boonville Mo** (b) Date signed: **4-19-46**

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

11301

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-8-46

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. 1178

P. O. Address Boonville, 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.