

S. No. 2
M-5-43
7. 5-17-39
I X36671

State File No.

FILED MAY 5 1947

Registration District No. 324

Primary Registration District No. 6093

Registrar's No. 77

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
1/4 mile South of Shackelford, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. All his life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Shackelford
rural (If outside city or town limits, write "RURAL") 9

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 3
If yes, name country.

3. (a) PRINT FULL NAME James Madison Burnside

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife. ✓

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

7. Birth date of deceased November 2nd, 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>I</u>	<u>5</u>	<u>12</u> hr. min.

9. Birthplace Marshall, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation. ✓

11. Industry or business.

MOTHER, FATHER {

12. Name John Madison Burnside

13. Birthplace Miami, Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Rozella Griffiths

15. Birthplace Saline county, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant John M. Burnside

(b) Address Shackelford, Missouri

17. (a) Burial (b) Date thereof April 16, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Sunset Memorial Gardens

18. (a) Signature of funeral director Coydell Turner

(b) Address Marshall, Missouri

19. (a) April 14, 1947 (b) Sidney T. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 2
year 1947 hour 8 minute 17 M.

21. I hereby certify that I attended the deceased from April 12
....., 1947, to April 14, 1947
that I last saw him alive on April 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bronchitis

Due to Pertussis

Due to

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

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)

(c) Means of injury ✓

23. Signature John R. Lawrence (M. D. or other) 0
Address Marshall, Mo Date signed 4/14/47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-2-47

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.....

R. W. Campbell Jr.

Licensed Embalmer No. *3469*

P. O. Address.....

Marshall, 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.