S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 17 1948

Registration District No. 34

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7839

Primary Registration District No. 5117

Registrar's No. 6

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

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Rural Cedar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Ashland Mo. RFD
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Edward E Burnham
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: Clara B Burnham
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Jan (Month) 27 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
73	1	3	....hr. ....min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....
FATHER
12. Name: Erastus Burnham
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lucendia Farris
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Clara B Burnham
(b) Address: Ashland Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Liberty Cem.
18. (a) Signature of funeral director: Wm C. Burnett
(b) Address: Ashland Mo.
19. (a) 2-28-48 (Date received local registrar) (b) Mrs Mildred Burnett (Registrar's signature) 27

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1948 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 1 1947 to Feb 27 1948 and that I last saw him alive on Feb 26 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 13 B	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: 0
23. Signature: H. B. Guyot (M. D. or other)
Address: Ashland Date signed 2-28-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/16/48

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 Wm O Burnett

Licensed Embalmer No. 3567

P. O. Address Ashland, 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.