

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **213**

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 **1316 So. Kimbrough**
(If not in hospital or institution, write street, number or location) **none**
(d) Length of stay: In hospital or institution **35 years** (Specify whether years, months or days)
In this community **35 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1316 So. Kimbrough**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Gilbert A. Burd

3. (b) If veteran, name war **unknown**

3. (c) Social Security No. **unknown**

4. Sex **male**

5. Color or race **W**

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

6. (b) Name of husband or wife **Estella**

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

7. Birth date of deceased **July 21 1889**
(Month) (Day) (Year)

8. AGE: Years **58** Months **7** Days **20**
If less than one day hr. min.

9. Birthplace **Louisville Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Telegrapher**

11. Industry or business **Telegraph**

12. Name **E. A. Burd**

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

14. Maiden name **Anna Galloway**

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

16. (a) Informant **Mrs Estella Burd (wife)**

(b) Address **L316 So. Kimbrough**

17. (a) **burial** (b) Date thereof **3-13-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn cemetery**

18. (a) Signature **Alma Lehmeier Funeral Home**

(b) Address **630 St. Louis St.**

19. (a) **3-14-48** (b) **W. J. Handley MD**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **11**
year **48** hour **6** minute **P.M.**

21. I hereby certify that I attended the deceased from **not attended by physician**
that I last saw him **alive** on **19**
and that death occurred on the date and hour stated above.

Immediate cause of death **probably coronary occlusion**

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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 **✓**
3. Signature **W. J. Handley local registrar** (M. D. or other)
Address **Springfield MO** Date signed **3/14/48**

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

APR 2 1938
APR 38 1938

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 _____
Robert R. Goodwin _____, Registered Apprentice No. *473*
working under my personal supervision.

Signed

Jewell E. Windle
Licensed Embalmer No. *2831*

P. O. Address _____

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.