

FILED OCT 4 1948 42

Registration District No. _____

Primary Registration District No. **5123**Registrar's No. **1008**

1. PLACE OF DEATH:

(a) County **Buchanan**
 (b) City or town **Agency (Agency Twsp.)**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
In a Pasture 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **not** (Specify whether
 In this community **1 day** years, months or days)

3. (a) PRINT FULL NAME **Frederick Alfred Burri**3. (b) If veteran, name war **None** 3. (c) Social Security No. **491-09-7988**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Malissa Burri** 6. (c) Age of husband or wife if alive **41** years
 7. Birth date of deceased **September 8 1902**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 0 11 hr. min.9. Birthplace **Andrew County Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Construction worker**11. Industry or business **Building Industry**12. Name **Christian Burri**13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)14. Maiden name **Jennie Lodholtz**15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)16. (a) Informant **Family records - Mrs. Florence Shelton**(b) Address **Sitkum, Oregon.**17. (a) **Burial** (b) Date thereof **Sept. 23, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Ashland Cemetery**18. (a) Signature of funeral director **Hatter Meierhoffer**(b) Address **1946 Colhoun St., St. Joseph, Mo.**19. (a) **9-27-48** (b) **L. E. Jenkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Arizona** (b) County **Pima**
 (c) City or town **Tucson**
(If outside city or town limits, write "RURAL")
 (d) Street No. **---** (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **19th**
 year **1948** hour **10** minute **P.** M.21. I hereby certify that I attended the deceased from **viewed Sept 20th** 19 **48** to _____, 19 _____

that I last saw h. _____ alive on _____, 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Suicide by Hanging** Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: **16 40**
 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) **Suicide**(b) Date of occurrence **Sept 19th 1948**(c) Where did injury occur? **Agency Mo.**
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public PlaceWhile at work? **No** (Specify type of place) Means of injury **Hanging**23. Signature **B. W. Telle** **Cor**
(M. P. No.)Address **1200 Hill Side** **St Joseph, Mo.**
(City or town) (State)

DEC 1 1948

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, ~~6257~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Raymond H. Merckel

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.