

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5184 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN Rural White Water
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 Mi. N. Millersville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN Rural White Water
d. STREET ADDRESS 1/2 Mi. N. Millersville

3. NAME OF DECEASED
a. (First) Charles b. (Middle) Oscar c. (Last) Burr

4. DATE OF DEATH (Month) (Day) (Year)
Dec 21 51

5. SEX M O W

6. COLOR OR RACE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married

8. DATE OF BIRTH Aug. 29. 1896

9. AGE (In years) (Months) (Days) (Hours) (Min.)
33 3 22

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Truckee

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ephrum Burr

13b. MOTHER'S MAIDEN NAME Elizabeth Dillenger

14. NAME OF HUSBAND OR WIFE Marie Wilson Burr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 490-05-5269

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Burr Millersville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. D.D. Kruco
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 7 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21, 1950, to Dec 21, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D.D. Kruco

23b. ADDRESS Jackson Mo

23c. DATE SIGNED 12-24-51

24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial

24b. DATE Dec 23-51

24c. NAME OF CEMETERY OR CREMATORY Russell Heights

24d. LOCATION (City, town, or county) (State) Jackson Mo

DATE REC'D BY LOCAL REG. 12-24-51

REGISTRAR'S SIGNATURE J. S. Subin 43

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Denette - Laird

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

160

JUL 12 1954

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *R. C. Laine*

Signed
Student Embalmer

Licensed Embalmer No. *4518*

P. O. Address *B. E. Jackson, 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.