

S. No. 2  
M-5-42  
v. 5-17-39  
I X32873

17319

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 29 1944

Registration District No. 13

Primary Registration District No. 5058

Registrar's No. 24

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

1. PLACE OF DEATH:  
(a) County Barry  
(b) City or town Monett - (Rural) Mo.  
(c) Name of hospital or institution: Switz  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME John Benjamin Burg  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary Jane Burg  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 23 - 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Stockholm Sweden  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer (Retired)

11. Industry or business U.S. Marine  
12. Name John Burg  
13. Birthplace Sweden  
(City, town, or county) (State or foreign country)  
14. Maiden name Holstrom  
15. Birthplace Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Burg  
(b) Address Barry - Mo.

17. (a) Burial (b) Date thereof April 7 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Burial Cemetery

18. (a) Signature of funeral director R. H. Blawiech  
(b) Address Monett - Mo.

19. (a) April 7 1944 (b) Audna Wuloughly  
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 4  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Jan, 1943, to April 4, 1944  
that I last saw h. in alive on April 4, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis lungs  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
13 fl

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?  
While at work? \_\_\_\_\_ (Specify type of place) (or) Means of injury \_\_\_\_\_

23. Signature Frank W. M.D. (M. D. or other)  
Address Monett Mo Date signed 4/5/44

PHYSICIAN  
Underline the cause to which death should be charged statistically.

1306

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6;

District File Number 544-633

Date Filed MAY 24 1944

**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 L. H. Blankenship

Licensed Embalmer No. 2297

P. O. Address Monett, 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.**