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-17-39
X32873

FILED JUL 9 1943 296

Registration District No.

Primary Registration District No. 4444

Registrar's No.

1. PLACE OF DEATH: Ray

(a) County.....

(b) City or town..... Camden Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether)

In this community 43 yrs. (Specify whether)

years, months or (Day)

3. (a) PRINT FULL NAME William W. Burgess

3. (b) If veteran, none name war

3. (c) Social Security No. none

4. Sex Male 5. Color of race White

6. (a) Single, widowed, divorced, or married Married

6. (b) Name of husband or wife Anna Sims Burgess

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

7. Birth date of deceased Aug. 28 th. 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	9	3	_____ hr. _____ min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business William Jasper Burgess

12. Name Ver.

13. Birthplace Elyada Dorris (City, town, or county) (State or foreign country)

14. Maiden name Ver.

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

16. (a) Informant, Wayne Burgess

(b) Address Camden Mo.

17. (a) (b) Date thereof (Month) (Day) (Year)

(c)* Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director J. B. Brothers

(b) Address Richmond Mo.

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89

(c) City or town Camden Mo.
(If outside city or town limits, write "RURAL") Rural

(d) Street No. (If rural, give location) No

(e) Citizen of foreign country? No (Yes or No)

If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 2 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 26, 1943, to May 31, 1943

that I last saw him alive on May 31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Empyema

Due to Influenza

Duration 6 da

Due to _____ / week.

Due to _____

Other conditions Invalidism (Include pregnancy within 3 months of death) 8 yr

Major findings: Of operations 33a

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) _____

(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) (e) Means of injury _____

23. Signature J. W. Gaines (M. D. or other) M.D.

Address Richmond, Mo Date signed 6-1-43

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

8900

1228

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-8-43

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

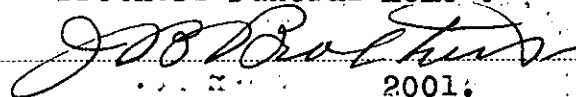
J.B. Brothers

Registered Apprentice No.

working under my personal supervision.

Brothers Funeral Home

Signed



Licensed Embalmer No.

2001.

P. O. Address **Richmond 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.

Registration District No. 296

Primary Registration District No. 4444

Registrar's No. 16

1. PLACE OF DEATH:

(a) County... Ray
(b) City or town... Camden
(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)

In this community _____ years, months or days 43 yrs

3. (a) PRINT FULL NAME William F Burgess

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 28 - 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 22 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business _____

12. Name Tom Jasper Burgess

13. Birthplace W.Va. (City, town, or county) (State or foreign country)

14. Maiden name Myrtle Davis

15. Birthplace W.Va. (City, town, or county) (State or foreign country)

16. (a) Informant Wayne Burgess

(b) Address Camden, MO

17. (a) Buried (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director J. B. Brother

(b) Address Richmond, MO

19. (a) Aug 10/43 (b) Doc J. J. Jensen

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Ray
(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____

that I last saw him alive on _____ 19 _____ and that death occurred on the date and hour stated above. Immediate cause of death Emphysema

Due to Influenza

Due to _____

Other conditions Invaldism

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature B. M. James (M. D. or other)

Address Richmond, MO Date signed at 4:50

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

SUPPLEMENTARY

Duration 6 da
1 wk
8 yrs.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

S-22241