

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 251

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution La. Hosp. Mo.
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau
(c) City or town Final
(If outside city or town limits, write "RURAL")
(d) Street No. R. 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daniel Forest McBurd

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

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

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

7. Birth date of deceased July 30 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Cape Girardeau Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Walter Knowlton

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

14. Maiden name Knowlton

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

16. (a) Informant Hazel Johnson

(b) Address Beelys Landing, Mo.

17. (a) Burial (b) Date thereof 7-28-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Java Cemetery

18. (a) Signature of funeral director Jane Hackney

(b) Address Cape Girardeau, Mo.

19. (a) 8-11-45 (b) T. E. Ruff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th
year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 23 1945 to July 28 1945
that I last saw him alive on July 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion 12h

Due to coronary occlusion 29h

Due to arteriosclerosis 102h

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 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) _____

(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 T. E. Ruff (M. D. or other) MD

Address Jackson Date signed 8/10/45

101K

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

16
4

RECEIVED

District Health Officer No. 4
District File Number 945-1066
Date Filed 9-8-45

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.....

Licensed Embalmer No. 3598

P. O. Address Cape Guardian, D

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.