

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

40691

Registration District No. 222

Primary Registration District No. 4463

Registrar's No. 86

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Elvins, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W
(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 Charles Richard Burnia 650

3. (b) If veteran, name war. 8. (c) Social Security No.

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

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

7. Birth date of deceased November 1 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 hr. min.

9. Birthplace Elvins Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation 0

11. Industry or business 0

12. Name Frank George Burnia

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

14. Maiden name Dovie Hails

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

16. (a) Informant's own signature F. S. Burnia

(b) Address Elvins, Mo.

17. (a) Burial, cremation, or removal (b) Date thereof Nov. 9 1939
(Month) (Day) (Year)

(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director James and Co

(b) Address Elvins

19. (a) 11-8-39 (b) B. B. Farrar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Elvins
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8
year 1939 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Nov. 1, 1939, to Nov. 8 1939 19;
that I last saw him alive on Nov. 8, 1939, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation, and premature birth Duration

Due to Double harelip

Due to 12 1/2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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)

28. Signature L. M. Stanfield Date signed 11/9/39

Address Farmington, Mo.

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.....

P. O. Address.....

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, above space should be left blank.