

REC'D FEB 15 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

2304

Do not use this space.

## 1. PLACE OF DEATH

(a) County GREENE Registration District No. 316  
(b) Township N Campbell Primary Registration District No. 2001 Registered No. 39  
(c) City SPRINGFIELD (d) Street No. 945 N Campbell St St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

650 DR. ANNE BEAUREGARD BOURNE  
(a) Residence, No. 945 N Campbell St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 8 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. M. D.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Wm. Searcy  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Howard Kelly (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Jan 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dubin-Hall  
629 W. Walnut St.

20. FILED Jan 18 1939 Chas. George Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1939

22. I HEREBY CERTIFY That I attended deceased from

19... to 19...  
I last saw her dead Jan 14, 1939. Death is said to have occurred on the date stated above, at 5: P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset

Other contributory causes of importance:

none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none Date of injury X, 19...  
Where did injury occur? no injury (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. P. Ferguson M. D.

(Address) 604 E. Elm

**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 *Hayd W. Fox* .....

Licensed Embalmer No. *7910* .....

P. O. Address *629 W. Walnut* .....

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.