

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

22398
Do not use this space.

REC'D JUL 17 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 416

(b) Township _____ Primary Registration District No. 4248 Registered No. _____

(c) City Sarcoxis (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cynthia Ann Burrow

(a) Residence, No. _____ 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 Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11, 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>83</u>	<u>2</u>	<u>25</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) 1930 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Prairie Grove (STATE OR COUNTRY) Arkansas

FATHER

13. NAME Jessie Overton

14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME Sarah Crisp

16. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY) _____

17. INFORMANT Calvin Burrow (ADDRESS) Sarcoxis, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Harvey Cem. DATE 6/8 39

19. FUNERAL DIRECTOR (NAME) Engelage Funeral Home (ADDRESS) Sarcoxis, Mo 948

20. FILED 6/7 1939 Mrs. Emma Broadbent Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1939

22. I HEREBY CERTIFY That I attended deceased from 5-31, 1939, to 6-6, 1939. I last saw him alive on 6-1, 1939. Death is said to have occurred on the date stated above, at 7:15 a.m. The principal cause of death and related causes of importance were as follows:

Chr. myocarditis

930

Other contributory causes of importance: Coronary arteria

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____ Where did injury occur? _____ (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? _____ If so, specify _____ (Signed) W. J. York M. D. (Address) Sarcoxis, 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 and
Roland C. Engelage, Registered Apprentice No. _____
working under my personal supervision.

Signed

George B. Orr
Licensed Embalmer No. 946

P. O. Address Mt. Vernon, 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, above space should be left blank.