

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8254  
Registrar's No. 35

Registration District No. 17

Primary Registration District No. 3038

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH:  
(a) County Saline  
(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Y  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 55 yrs.  
years, months or days

3. (a) PRINT FULL NAME Elizabeth C Burgess  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife James B. Burgess  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 13 1856  
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 4  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_  
MOTHER FATHER  
12. Name William J. Framming  
13. Birthplace Blade Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah S. Framming  
15. Birthplace Blade Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. C. R. Howell  
(b) Address 516 N. Franklin Marshall

17. (a) Burial (b) Date thereof Dec 18 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ridge Park Care

18. (a) Signature of funeral director Connellly  
(b) Address Marshall Mo.

19. (a) 2-17-40 (b) Mary Kent  
(Date received local registrar) (Registrar's signature) 7114

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Saline  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. West College St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16  
year 1940 hour 11 minute 45 P. M.  
21. I hereby certify that I attended the deceased from Dec 1  
39 to Jan 16 1940  
that I last saw her alive on Jan 14 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Artery Sclerosis 1936  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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 W. H. ... (M. D. or other) \_\_\_\_\_  
Address Marshall Mo. Date signed 2/17/40

RECEIVED  
District Health Officer No. 8  
District File Number 3-18-40  
Date Filed

**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.....

R.W. Campbell....., Registered Apprentice No.....  
working under my personal supervision.

Signed R.W. Campbell.....

Licensed Embalmer No. 3469.....

P. O. Address Marshall, 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.**