

No. 2
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17-39
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FILED AUG 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24655**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **779**

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1307 Mitchell Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 4 months
years, months or days

3. (a) PRINT FULL NAME Tabitha Frances Burrell **640**

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James W. Burrell

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

7. Birth date of deceased May 22 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>27</u>	hr. _____ min.

9. Birthplace Wells Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Sonny Morgan

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

14. Maiden name Catherine Havel

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

16. (a) Informant Mrs Elmer A. J. Clark

(b) Address 1307 Mitchell Ave St Joseph Mo

17. (a) burial (b) Date thereof July 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel Cem. Clarkdale Mo
(City, town, or county) (State or foreign country)

18. (a) Signature of funeral director Heaton Be Gole + Boume

(b) Address St Joseph Mo

19. (a) 7-20-40 (b) J. Nestabus
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Platte City Missouri
(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 July day 19
year 1940 hour 3 minute 15 p. M.

21. I hereby certify that I attended the deceased from April 8 1940 to July 19 1940
that I last saw her alive on July 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage **4-month**
Duration

Due to H. B. P.

Due to J. H.

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

PHYSICIAN

Major findings: _____
Of operations

Of autopsy

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? no
(Specify type of place) (e) Means of injury

23. Signature J. R. Elliott (M. D. or other) MD

Address 8005 Francis Street Date signed 7-20-40

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 July 19 -

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm E. Sumner

Licensed Embalmer No. 3007

P.O. Address 319 So 10 4th

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.