

Registration District No. 286

Primary Registration District No. 4418

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Curryville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(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 days8. (a) PRINT FULL NAME Nannie Helen Burgess3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex 7 5. Color or race W 6. (a) Single, widowed, married,
divorced W6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Aug 13 1866
(Month) (Day) (Year)8. AGE: Years 74 Months 6 Days 6 If less than one day
hr. _____ min. _____9. Birthplace Warren Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name W.B. Chamberlain18. Birthplace Warren Mo.
(City, town, or county) (State or foreign country)14. Maiden name Virginia Burgess15. Birthplace Warren Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Orville P. Burgess(b) Address Curryville, Mo.17. (a) Burial (b) Date thereof 8-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Curryville Mo.18. (a) Signature of funeral director Grace Bankhead(b) Address Bowling Green, Mo.19. (a) 8-21-40 (b) Gene E. Fleudoux
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike(c) City or town Curryville
(If outside city or town limits, write "RURAL")(d) Street No. Sponser Township
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1940 hour 7:00 minute _____ P. A. M.21. I hereby certify that I attended the deceased from 8/15/40
1940 to 8/16/40, 1940that I saw her alive on 8/16/40, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Cerebellar Apoplexy Duration _____Due to HypertensionDue to acute Nephritis Chro.Other conditions Myocarditis Chro.
(Include pregnancy within 5 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 T. M. Mathews (M.D. or other) P.O.Address Bowling Green, Mo. Date signed 8/20/40

SEP 25 1940

RECEIVED

District Health Officer No. 10

District File Number 9-40-1737

Date Filed SEP 10 1940

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 Wm Bankhead

Licensed Embalmer No. 2284

P. O. Address Bowling Green W

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.