

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32092**

Registration District No. **324**

Primary Registration District No. **5449**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Rural North Robertson Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Pleasant Hope Mo. Route #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 months
 (Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME LOREN EUGENE BURNS

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased March 3, 1940
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>6</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name: Loren Burns

13. Birthplace Pleasant Hope Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Wanda Tharp

15. Birthplace Springfield Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Loren Burns

(b) Address Pleasant Hope Route #1

17. (a) Burial (b) Date thereof Sept. 18, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brighton, Mo.

18. (a) Signature of funeral director F. C. Thorne

(b) Address Springfield Mo.

19. (a) Sept 18, 1940 (b) Mrs. Guy Freeman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Pleasant Hope Mo. Route #1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18th
 year 1940 hour 4:30 minute A.M.

21. I hereby certify that I attended the deceased from Sept 1, 1940, to Sept 5, 1940
 that I last saw him alive on Sept 5, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
 Due to Chronic Bronchitis

Due to _____
 Other conditions 107W
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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?
296 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature R. Ned White (M. D. or other) 5
 Address Springfield Mo Date signed 9/18/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Greene County Health Office,

County File Number 40-10-~~82~~ 83

Date Filed 10/10/40

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed *R. Williams*.....

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.