JAN 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42544

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 1019

1. PLACE OF DEATH: 10 10A

(a) County Greene

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

(c) Name of hospital or institution: 1920 Boonville (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community 2 weeks 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town rural - Boone township (If outside city or town limits, write "RURAL")

(d) Street No. X (If rural, give location)

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

3. (a) PRINT FULL NAME Elsie Adeline Burns

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George W. Burns

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December (Month) 7 (Day) 1871 (Year)

8. AGE: Years 69 Months 0 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name James Davis
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Edith Franklin
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Mrs Minnie Cook

(b) Address Springfield, Mo.

17. (a) ~~M~~ Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Dec. 23-1940 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Mt. Zion

18. (a) Signature of funeral director Rex Ramsey

(b) Address Marshfield, Mo.

19. (a) 12-23-40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 year 1940 hour 5:15 minute p. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw her ~~alive~~ dead on Dec 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Chronic myocarditis

Due to ____

Other conditions Bronchial Asthma (Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

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? ____ (Specify type of place)

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

23. Signature R. Ned White (M. D. ~~or other~~)

Address Cowan Greene County Date signed 12/24/40

(Licensed Embalmer's Statement on Reverse Side)

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.

REV. 5-17-39 1 X19511

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.....

Licensed Embalmer No. 3312

P. O. Address Spr Marshfield, 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.