DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2791

Registration District No. 384 — Primary Registration District No. 5575 — Registrar's No.

46

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

**1. PLACE OF DEATH:**

(a) County HOWELL

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

(c) Name of hospital or institution: WEST PLAINS, Mo. (suburbs) / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether

In this community 9 WEEKS years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County HOWELL

(c) City or town RURAL Siloam Springs Twp. (If outside city or town limits write "RURAL")

(d) Street No. Grimmett Community (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARTHA ANN BURGIN

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 WIDOWED 2

6. (b) Name of husband or wife THOMAS COLFAX BURGIN

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

7. Birth date of deceased FEBRUARY (Month) 28 (Day) 1870 (Year)

8. AGE: Years 69 Months 8 Days 11 If less than one day hr. min.

9. Birthplace FULTON COUNTY, (City, town, or county) / ARKANSAS (State or foreign country)

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name Ishiah Malachi Wood
13. Birthplace — (City, town, or county) Tenn. (State or foreign country) /

MOTHER
14. Maiden name L. Elizabeth Rushin
15. Birthplace White Co., (City, town, or county) Ark. (State or foreign country) /

16. (a) Informant Beulah Pierlow

(b) Address West Plains, Mo.

17. (a) Burial (Burial, cremation, or removal) NEW LIBERTY CEM (b) Date thereof Jan. 10, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation SPRING CREEK TWP. Howell Co.

18. (a) Signature of funeral director Hal Thornburgh

(b) Address WEST PLAINS, Mo.

19. (a) 1-10-40 (Date received local registrar) (b) Vida W Simons (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JANUARY day 9, year 1941 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from August 1st, 1939, to Jan. 9th, 1941; that I last saw her alive on Jan. 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to ~~[illegible]~~

Other conditions (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. A. Sparks (M. D. ~~or other~~)

Address West Plains, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 2-4/142
Date Filed .....

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**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.

Not Embalmed

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

**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.**

S.No. 72B
1—2-21-40
X22659

ROWENA MOTT

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2791

Registration District No. 384 Primary Registration District No. 5525 Registrar's No.

1. PLACE OF DEATH:
(a) County Howell
(b) ~~City or town~~ Howell T.P.
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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.

3. (a) PRINT FULL NAME Martha Ann Burgin
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced wd
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased Feb 28 (Month) 1870 (Day) (Year)

8. AGE: Years 70 69 Months 8 10 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 1-10-41 (Date received local registrar) (b) Vida V. Simmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. A. Sparks (M. D. or other)
Address Weir Missouri Date signed

SUPPLEMENTARY

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