

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 3 1941**

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **11039**

Registration District No. **417** Primary Registration District No. **3021** Registrar's No. **21**

49  
26  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
(a) County Jasper  
(b) City or town WEBB CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 416 S. EAST ST.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community lifetime (Specify whether  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jasper  
(c) City or town Webb City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 416 S East St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

**3. (a) PRINT FULL NAME** Terrill Jacob Burr  
**3. (b) If veteran, name war** 1  
**3. (c) Social Security No.** 1

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Mar day 13th  
year 1941 hour 9 minute 0 M.  
**21. I hereby certify that I attended the deceased from** 2-10-41  
3-14-41, 1941, to 3-14, 1941;  
that I last saw him alive on 3-10-41, 1941;  
and that death occurred on the date and hour stated above.

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Margie Burr  
**6. (c) Age of husband or wife if**  
alive 60 years  
**7. Birth date of deceased** Oct 4 1875  
(Month) (Day) (Year)

**Immediate cause of death**  
2 wks - gangrene of left foot - arteriosclerosis 2 wks.  
**Due to** Cancer  
**Due to** 2 yrs

**8. AGE:** Years 65 Months 5 Days 9 If less than one day  
hr. min.

**Other conditions** 29 A  
(Include pregnancy within 3 months of death)  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

**10. Usual occupation** Miner

**11. Industry or business**

**MOTHER FATHER**  
**12. Name** James Burr  
**13. Birthplace** Unknown  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Terrill  
**15. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Margie Burr  
**(b) Address** Webb City

**17. (a)** Burial **(b) Date thereof** Mar 16 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Carterville, Mo

**18. (a) Signature of funeral director** Webb City Und Co.  
**(b) Address** Webb City MO

**19. (a) MCH. 15. 41** **(b) J. L. Cutchett**  
(Date received local registrar) (Registrar's signature)

**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?**  
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**While at work?** (Specify type of place)  
**(e) Means of injury**  
**23. Signature** J. L. Cutchett (M. D. or other) 0  
**Address** Webb City MO **Date signed** 3-14-41

JUN 25 1953

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 myself

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

Signed Chytace m. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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, fact should be so stated above.