

2
13-40
7-39
X23159

FILED MAY 29 1941

Registration District No.

Primary Registration District No. **2002**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **1320 W. 26th St. /**
(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 **27 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Joplin** **2**
(If outside city or town limits, write "RURAL") **5**
(d) Street No. **1320 W. 26th St.** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25**
year **1941** hour **4** minute **a.m.**
21. I hereby certify that I attended the deceased from **Feb 15**, 19**41**, to **Apr 25**, **41**;
that I last saw him **in** alive on **4-25**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis, chr. / 42**
Due to **Senescence**
Due to **Senescence**

Other conditions (Include pregnancy within 3 months of death) **208**

Major findings:
Of operations
Of autopsy

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Charles Leonard Burriss**

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

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

6. (b) Name of husband or wife **MATTIE** 6. (c) Age of husband or wife if alive **1873** years

7. Birth date of deceased **Dec. 22,** (Month) **1873** (Day) (Year)

8. AGE: Years **67** Months **4** Days **3** If less than one day hr. min.

9. Birthplace **Harrison / Arkansas** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Chas W. Burriss**
13. Birthplace **Ohio** (City, town, or county) (State or foreign country)
14. Maiden name **Martha Williams**
15. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mattie Burriss**
(b) Address **Joplin Mo**

17. (a) **Burial** (b) Date thereof **4-28-41** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cem.**

18. (a) Signature of funeral director **Joplin, Mo.**
(b) Address

19. (a) **4-28-41** (b) **Ed D. James** (Date received local registrar) (Registrar's signature)

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?
372 While at work? (Specify type of place)
(c) Means of injury
23. Signature **F. L. Welton** (M. D. or dentist)
Address **Joplin Mo** Date signed **4/25/41**

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

41-5-473

3 1945

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.....

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, fact should be so stated above.