

13-40  
7-39  
X23159

FILED MAY 10 1941

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: **Jasper**

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
**204 Oliver**  
(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 **25 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **47**

(c) City or town **Joplin** **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. **204 Oliver** **0**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mary Alice Burris**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **27th**  
year **1941** hour **10:45** minute **P** M.

4. Sex **Female** / 5. Color or race **Wh**

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

6. (b) Name of husband or wife **I. M. Burris**

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

7. Birth date of deceased **May 25 1862**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **4-23**, 19**41**, to **4-27**, 19**41**;  
that I last saw ~~her~~ **her** alive on **4-23**, 19**41**;  
and that death occurred on the date and hour stated above.

8. AGE: Years **78** Months **11** Days **2**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **Cerebral hemorrhage**

Duration \_\_\_\_\_

9. Birthplace **Shelbyville / Indiana**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to **grip**

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

10. Usual occupation **unoccupied**

11. Industry or business \_\_\_\_\_

12. Name **Chapman Ballard**

13. Birthplace **Unknown** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant **Mrs. C W Rainwater**

(b) Address **204 Oliver, Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **4-29-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fordham, Missouri**

18. (a) Signature of funeral director **Lanpher Mortuary**

(b) Address **Joplin, Missouri**

19. (a) **4-28-41** (b) **[Signature]**  
(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**  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Ed D James** (M. D. or other) **0**  
Address **Joplin, Mo** Date signed **4-28-41**

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

1-5-478

**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Japhin me

**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.**