

No. 2  
13-40  
17-39  
X23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14936

State File No. \_\_\_\_\_

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 62

1. PLACE OF DEATH:

(a) County JOHNSON  
(b) City or town WARRENSBURG  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
401 Hamilton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs.  
(Specify whether  
In this community 2 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Johnson  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. Leaton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME:

Lena Dell Burr

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

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George Burr 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 11 1889  
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace 1 Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation None

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

12. Name John Glasgow

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Flournoy Spizer

15. Birthplace Ill. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Goldie Kelly

(b) Address 136 W. Loppings

17. (a) Removal (b) Date thereof 4-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wt. Washington

18. (a) Signature of funeral director B. H. Blacker

(b) Address 2825 Under R.C. Mo.

19. (a) April 30-1941 (b) Bertie Bentley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July, 1936, to April 29, 1941;  
that I last saw her alive on April 28, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of face - metastasis to Brain

Duration  
10 yrs  
1 month

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

Other conditions 53  
(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) no

(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? 99

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

23. Signature R. Leeper (M. D. or other) P. D.

Address Warrensburg Mo. Date signed 4-29-41

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

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 5-5-41

**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 C. H. Blackman

Licensed Embalmer No. 2244

P. O. Address K.C. 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.**