

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19172

Registration District No. 821 Primary Registration District No. 455-3-6070 Registrar's No.

1. PLACE OF DEATH:
(a) County... Scott
(b) City or town... Rural - Keston
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 30 yrs. (Specify whether
In this community... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County... Scott 100
(c) City or town... Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Martha Ann Burns
3. (b) If veteran, name war... None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife... J.W. Burns
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased November 2 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 26 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name John Hodges
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca McFadden
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant J.W. Burns
(b) Address Sikeston, Mo. Rt. # 1

17. (a) Burial (b) Date thereof 5 - 30 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H. J. ...
(b) Address Sikeston, Mo.

19. (a) 5-24-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 10
1941, to May 28 1941;
that I last saw her alive on May 27 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death refusitis, chronic Duration

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?

742
While at work (Specify type of place) (c) Means of injury
23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 5-24-41

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

RECEIVED

District Health Officer No.

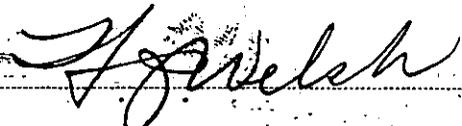
District File Number 644-26

Date Filed 6/9/41

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 _____



Licensed Embalmer No. 774

P. O. Address Sikeston, 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.