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FILED JUL 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22327**

Registration District No. **025-**

Primary Registration District No. **3031**

Registrar's No. **80**

1. PLACE OF DEATH:

(a) County **Nodaway**

(b) City or town **Maryville**

(c) Name of hospital or institution: **St Francis Hospital**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **36 hrs.**
(Specify whether)

In this community **36 hrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo**

(b) County **Nodaway**

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

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

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FRED HENRY BURNS.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Mrs. Mattie Burns** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **July 31 1863**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	10	15	hr. _____ min.

9. Birthplace **Fulton Co. N.Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **General Merchandise**

12. Name **William Henry Burns**

13. Birthplace **Fulton Co. N.Y.**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Irving**

15. Birthplace **Fulton Co. N.Y.**
(City, town, or county) (State or foreign country)

16. (a) Informant **V.C. Burns**

(b) Address **Ravenwood Mo**

17. (a) **Burial** (b) Date thereof **June 18, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Lawn Cemetery**

18. (a) Signature of funeral director **Price Funeral Home**
Maryville Mo
(b) Address **Price Funeral Home**

19. (a) **June 20 1941** (b) **Marnie E. Carde**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15** year **1941** hour **2** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **June 14** 19**41** to **June 15** 19**41**

that I last saw him alive on **June 15** 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis with thrombosis**

Due to **general arteriosclerosis (not known)**

Other conditions **94**
(include pregnancy within 3 months of death)

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? _____

(e) Means of injury **556**
While at work? _____

23. Signature **J. Blisner** (M. D. or other) _____
Address **Maryville Mo** Date signed **6/17/41**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.....

John W. Price

Licensed Embalmer No. *3229*

P. O. Address *Maryville 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.