

No. 2
1-4-41
17-39
X26390

State File No.

Registrar's No. 81

Registration District No. 55

Primary Registration District No. 4033

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

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State *MO.* (b) County *New Madrid*
 (c) City or town *Yudson*
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME *Thursey Jane Burris*
 (b) If veteran, _____ name war _____
 3. (c) Social Security No. *1 1/2*

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *July* day *23*
 year *1941* hour *12* minute *45* A.M.
 21. I hereby certify that I attended the deceased from
7-19-41 19... to *7-21-41* 19...;
 that I last saw *her* alive on *7-21-41* 19...;
 and that death occurred on the date and hour stated above.

4. Sex *Female* 5. Color of hair *H.*
 6. (b) Name of husband or wife *Leo* 6. (c) Age of husband or wife if alive *abt 44* years
 7. Birth date of deceased: *Feb. 23*
 (Month) (Day) (Year) *1884*

Immediate cause of death: *myocardial failure*
 Due to: *arteriosclerotic hypertension*
 Due to: _____
 Other conditions: *hemiplegia*
 (Include pregnancy within 3 months of death)

8. AGE: Year *57* Months *5* Days *10*
 If less than one day _____ hr. _____ min.

Physician: _____
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)
 10. Usual occupation: *Housewife*

MOTHER FATHER
 11. Industry or business: _____
 12. Name: *Miles E. Burris*
 13. Birthplace: _____ (City, town, or county) _____ (State or foreign country)
 14. Maiden name: *Emily Keith*
 15. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant: *Gladys Potter*
 (b) Address: *4330 West Pine St. St. Louis*
 17. (a) *New Friendship* Date thereof: *7-24-41*
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: *Burial New Friendship*

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?
 _____ (Specify type of place) _____ (e) Means of injury _____

18. (a) Signature of funeral director: *Craig*
 (b) Address: *Malden Mo*
 19. (a) *August 2-41*
 (Date received local registrar) (Registrar's signature)
 (Licensed Embalmer's Statement on Reverse Side)

While at work? _____ (e) Means of injury _____
 23. Signature: *J. S. Dopkin* (M. D. or other) _____
 Address: *Yudson, Mo* Date signed: *7-23-41*

AUG 7 1941

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.