DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 14 1941

Registration District No. 378

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-5-3-4-2-19

State File No. 31719

Registrar's No. 242

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town INDEPENDENCE C.T.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL")
(d) Street No. 1501 N. Main St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME CATHERINE C. BURNS
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Sept. 12, 1875 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 66 | — | 1 | ____ hr. ____ min. |

9. Birthplace Robinson, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
FATHER
12. Name Simson Crocker
13. Birthplace Cincinatti, Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Tilitha Bledsoe
15. Birthplace Terre Haute, Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Minnie Smith
(b) Address 1501 N. Main Indep. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation Roseville, Illinois
18. (a) Signature of funeral director Culey Funeral Home
(b) Address 214 N. Spring - Indep. Mo
19. (a) Sept 15 41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day 9-13-41
year ____ hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from 3:00 P ____, 19__, to ____, 19__;
that I last saw her alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death ____ Duration
Acute pulmonary edema & congestion
Due to ____
Chronic myocardial infarction
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature [signature] (M. D. or other) ____
Address K. C. Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

OCT 13 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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. L. Latta

Licensed Embalmer No. 2632

P. O. Address 2147 Spring Ave

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**