

FILLED NOV 14 1941

Registration District No. 502

Primary Registration District No. 4305

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Marceline
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Putman Memorial
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 hours
 In this community 5 Hours 0 (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Olive Lora Infant Burrous

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 single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 25, 1941
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>5 hr. 4 min.</u>

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 { 12. Name Raymond Burrous
 { 18. Birthplace Greeley Colorado
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Lucille Rafferty
 { 15. Birthplace Marceline Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Raymond Burrous
 (b) Address Marceline Missouri

17. (a) Burial (b) Date thereof Oct 26 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director James M. Laughlin
 (b) Address Marceline Missouri

19. (a) 10-26-41 (b) William F. Barrett
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
 (c) City or town Marceline, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
 year 1941 hour 5 minute Pm M.

21. I hereby certify that I attended the deceased from Oct 25
 1941 to Oct 25, 1941;
 that I last saw her alive on Oct 25, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Atelactasis Duration 4 hrs

Due to Premature birth

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

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? _____

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

23. Signature W. Putman (M. D. or other) M.D.

Address Marceline Date signed 10/26/41

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.....

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, above space should be left blank.