

DEC 12 1941

Registration District No. 708

Primary Registration District No. 3020

Registrar's No. 190

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
McCune Brooks Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage Mo  
(If outside city or town limits, write "RURAL") 1

(d) Street No. 1223 James St. 3  
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth Anne Shirkey

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 Widowed

6. (b) Name of husband or wife Milo

6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased March 16 1864  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>77</u> | <u>8</u> | <u>14</u> | ..... hr. .... min.  |

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

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER {

12. Name Nathaniel Osburn 9

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. O. Hartley

(b) Address Carthage Mo.

17. (a) Burial (b) Date thereof Dec. 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Dec. 2, 1941 (b) E. J. Mc Intire, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day November  
year 1941 hour 12:50 minute A. M.

21. I hereby certify that I attended the deceased from October 29th 1941 to November 30th 41  
that I last saw her alive on November 30th 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Uremia  
acute nephritis.  
3rd degree burns.  
over 1/3 body surface

Duration One  
Month

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations None

Of autopsy No.

PHYSICIAN 181 15

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) Burns - 116

(b) Date of occurrence Oct. 28, 1941

(c) Where did injury occur? gas home Carthage  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Clothes caught on fire - open gas stove  
While at work No (Specify type of place) (e) Means of injury Fire

23. Signature George H. Wood (M. D. or other) M. D.  
Address 304 Grant St., Date signed 12/2/41

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

41-12-1019

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 *Lucy Lucre Buckirell*  
Licensed Embalmer No. *2510*  
P. O. Address *Carthage, 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.**