

FILLED NOV 27 1941

STANDARD CERTIFICATE OF DEATH

Registration District No. 747

Primary Registration District No. 5976A

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond Rural
(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

3. (a) PRINT FULL NAME Louella S. 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 Feb. 17, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 16 hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name George Smallwood
13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Henry
15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Jean Burns
(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Nov. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hickery Grove

18. (a) Signature of funeral director Therman
(b) Address Richmond Mo.

19. (a) Nov 5 - 41 (b) Mabel Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2 year 1941 hour 2 minute 51 M.

21. I hereby certify that I attended the deceased from Oct 30 1940 to Nov 2 1941 that I last saw her alive on Nov 2 1941 and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary T.B.
Duration 3 yrs 1 yr.
Due to _____
Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature G.W. Gaines M.D. (M. D. or other) M.D.
Address Richmond, Mo. Date signed 11-4-41

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

NOV 27 1941

S-35897

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, by###
....., Registered Apprentice No.
working under my personal supervision.

Signed

E. H. H. H. H. H.

Licensed Embalmer No. 2073

P. O. Address Richmond MO.

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

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