

FILED FEB 12 1942
Registration District No. 142 431

Primary Registration District No. 3073

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution 45 min. (Specify whether
In this community 45 min. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Centerview 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 _____

3. (a) PRINT FULL NAME Not named - Burns

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan - 1 - 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 45 min.

9. Birthplace Warrensburg Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Raymond Joseph Burns

13. Birthplace St Louis Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Edna Josephine Henderson

15. Birthplace Johnson Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Burns

(b) Address Centerview Mo. R.F. D.

17. (a) Burial (b) Date thereof Jan - 2 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Wm. J. Phillips

(b) Address Warrensburg Mo.

19. (a) Jan - 2 - 1942 (b) Leola M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1942 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from 1-1-42
_____, 19____, to _____, 1942

that I last saw him alive on _____, 1-1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Premature labor

Due to premature rupture of membrane (Sportsman's)

Due to _____

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

Major findings: 159

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 0

23. Signature R. Lee Cooper (M. D. or other) MD

Address Warrensburg Mo. Date signed 1-2-42

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

1
2
2

RECEIVED

Dist. Health

2-11-42

STATEMENT BY LICENSED EMBALMER

not

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 *S. Ray Sumner*.....

Licensed Embalmer No. *1121*.....

P. O. Address *Warrensburg*.....

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.