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

1. PLACE OF DEATH: Scotland
 (a) County Scotland
 (b) City or town Memphis
 (c) Name of hospital or institution: Scotland County 5 Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Quintuple & North
 In this community all her life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Scotland
 (c) City or town Memphis
 (d) Street No. 0
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Martha Viola Burris
 3. (b) If veteran, name war -
 3. (c) Social Security No. -

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 20
 year 1942 hour 8 minute 15 A.M.
 21. I hereby certify that I attended the deceased from 5/20/1942
 1942 to 6/20 1942
 that I last saw her alive on 6/26 1942
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

Immediate cause of death mitral insufficiency
 Duration -
 Due to -
 Due to -
 Other conditions Cardiac Oedema
 (Include pregnancy within 3 months of death)

7. Birth date of deceased 1875
 (Month) (Day) (Year)
 8. AGE: Years 67 Months Days If less than one day hr. min.

Major findings: 9-26
 Of operations -
 Of autopsy -
 PHYSICIAN -
 Underline the cause to which death should be charged statistically.

9. Birthplace Scotland County, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Petrol Hookwife

11. Industry or business
 12. Name Gaspery Burris
 13. Birthplace Scotland Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Bessie Ann Chapman
 15. Birthplace Scotland Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Bill Patterson
 (b) Address W. Melmathville, Mo.

17. (a) Bible Home (b) Date thereof (Month) (Day) (Year)
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bible Home, Mo.

18. (a) Signature of funeral director Smith & Bault
 (b) Address Memphis, Mo.

19. (a) 6-27-42 (b) Bessie Wilson
 (Date received local registrar) (Registrar's signature)

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 P.M. Baker (M. D. or other)
 Address Memphis Mo Date signed 6/20/42

RECEIVED

District Health Officer No. 10

District File Number 7-42-1405

Date Filed JUL 11 1942

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 Frederick Smith

Licensed Embalmer No. 4524

P. O. Address Memphis, 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.