

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33205**

FILED NOV 12 1942

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **none 935 N. 7th**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **over 35 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** County **Buchanan**
(c) City or town **Saint Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **935 North 7th Street**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Burris**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **13** year **1942** hour _____ minute **6 A.M.**
21. I hereby certify that I attended the deceased from **Dec 3-1941** to **Aug 13 1942**
that I last saw him alive on **Aug 13 1942**
and that death occurred on the date and hour stated above

4. **Female** 5. Color or race **3 Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Burris Ed** 6. (c) Age of husband or wife **alive 22 years**
7. Birth date of deceased **Mar. 22**
(Month) (Day) (Year)

Immediate cause of death **Intestinal Anglygia** Duration _____
Anaemia
Endocarditis and
Due to **Cholelithiasis**
Due to **336**
Other conditions **Do not know**
(Include pregnancy within 3 months of death)

8. AGE: Years **69** Months **5** Days **9** If less than one day hr. _____ min.
9. Birthplace **Kentucky** (City, town, or county) (State or foreign country)
10. Usual occupation **Domestic work**

Major findings: **As above stated** PHYSICIAN _____
Of operations _____
Of autopsy **no** Underline the cause to which death should be charged statistically.

11. Industry of business **none**
12. Name **Joe Embury**
13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **Kentucky** (City, town, or county) (State or foreign country)
16. (a) Informant **Ed. Burris**
(b) Address **935 N. 7th Street**
17. (a) **Burial** (b) Date thereof **8-15-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **City Cemetery**
18. (a) Signature of funeral director **Russell**
(b) Address **1602 Mesange**
19. (a) **8-15-42** (b) **Roe Henry**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: **no**
(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? **no**
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **Roe Henry** (M. D. or other) _____
Address **720 S. 4th St. St. Joseph Mo** Date signed **Aug 15 1942**

1233

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1931

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, fact should be so stated above.