

FILED JAN 13 1943
Registration District No. _____

Primary Registration District No. 5243

1. PLACE OF DEATH:

(a) County CHARITON
(b) City or town FOREST-GREEN Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chariton Imp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 52-4-13
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton Co.
(c) City or town Forest Green
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? A years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 23
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Probably cardiac embolus from history given patient found dead a doctor the day before death for angina pectoris
Duration _____
Due to _____
Other conditions: _____
(Include pregnancy within 6 months of death)

Major findings: _____
Of operations: _____
Of autopsy: none
No evidence of foul play
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, give 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)
(c) Means of injury _____
28. Signature: Harry Estabrook (M. D. or other)
Address: Bryanswick Date signed: 12/42
125

3. (a) PRINT FULL NAME CHRISTINE BURRIS

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife VEOGLE BURRIS 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: Aug 10 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace FOREST GREEN MO. O
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business HOME

12. Name RAS BUTLER

13. Birthplace FOREST GREEN MO O
(City, town, or county) (State or foreign country)

14. Maiden name MARY HAYES

16. Birthplace FOREST GREEN MO O
(City, town, or county) (State or foreign country)

18. (a) Informant Veogle Burriss
(b) Address Forest Green Mo.

17. (a) Burial (b) Date thereof Dec. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Green Mo.

18. (a) Signature of funeral director Walker Ainsley
(b) Address Glasgow Mo.
19. (a) 12/21/42 (b) A. A. Nelson
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-9-43

SEP 29 1954

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

J. Walker Audley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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, above space should be left blank.