

S. No. 2
M-5-42
v. 5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 11 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40729

State File No.

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 874

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Green
(b) City or town Springfield
(c) Name of hospital or institution: Ozark Osteopathic Hosp
(d) Length of stay: In hospital or institution.....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Green
(c) City or town Springfield, Mo
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

In this community years, months or days
3. (a) PRINT FULL NAME Hoeba Jane Burton
3. (b) If veteran. name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 8 year 1942 hour 11 minute 35 M.
21. I hereby certify that I attended the deceased from 12/8/42 to 12/8/42
that I last saw her alive on Dec 8, 1942
and that death occurred on the date and hour stated above.

4. Sex fm 5. Color of hair white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lewis Burton 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased: Feb 11 1872
(Month) (Day) (Year)

Immediate cause of death. General peritonitis
Due to Ruptured gall bladder
Other conditions (Include pregnancy within 3 months of death)
Major findings: Ruptured gall bladder with large stones

8. AGE: Years 70 Months 9 Days 27 If less than one day hr. min.
9. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
12/11

10. Usual occupation Housewife
11. Industry or business
12. Name Jas. M. Tussey
13. Birthplace Unknown N. C.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Chas. Pack
(b) Address Weaubleau Mo
17. (a) burial (b) Date thereof 12/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hemstead Cem
18. (a) Signature of funeral director J. L. Lusk
(b) Address Wheatland Mo
19. (a) 12-10-42 (b) J. W. Handy
(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.....
23. Signature William J. Nitch (Physician or other)
Address Springfield Mo Date signed Dec 11 1942

984

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. R. Duckrey

Licensed Embalmer No. *9989*

P. O. Address: *Wheatland 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.