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V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 306

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

11
1
7

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: 0 St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 ~~day~~ Hour (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 11

(a) State Missouri (b) County Buchanan 1

(c) City or town St. Joseph 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2316 Angelique St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Mary Burns

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Geo. L. Burns

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August (Month) 25, (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	6	23	hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John J. Danaher
13. Birthplace London (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Mary Ann Kane
15. Birthplace St. Joseph (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Geo. L. Burns
(b) Address 2316 Angelique St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 22, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cem.

18. (a) Signature of funeral director Herman Wm. Sidenfaden
(b) Address 1802 Union St., St. Joseph, Mo.

19. (a) 3-22-43 (Date received local registrar) (b) Rose Heizog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th year 1943 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan 17, 1943, to March 18, 1943; that I last saw her alive on March 18, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hr
Due to Arterio Sel. Gen.	?
Due to	
Other conditions (Include pregnancy within 3 months of death) 94 a	

Major findings:
Of operations
Of autopsy None

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Frank H. Hardegan (M. D. or other)
Address 620 Francis St Joseph, Mo. Date signed 3/19/43

1255

(Licensed Embalmer's Statement on Reverse Side)

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 John L. Linley

Licensed Embalmer No. 4050

P. O. Address St. Joseph, 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.