V. S. No. 2
50M—5-42
Rev. 5-17-39
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FILED JUN 24 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21795

Registration District No. 175 Primary Registration District No. 5646 Registrar's No. 84

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town N. BuckPrairie, (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence 55
(c) City or town Rural, Marionville 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Flora May Burrow

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

4. Sex Remale
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ben F. Burrow
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased April 6, 1876 (Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Barry County Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Patrick E. Roller
13. Birthplace Va. /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ruhmmah Robinett
15. Birthplace Va. /
(City, town, or county) (State or foreign country)
16. (a) Informant Ben F. Burrow
(b) Address Route 1, Marionville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Marionville, Mo.
18. (a) Signature of funeral director J. B. Bradford
(b) Address Marionville, Mo.
19. (a) 6-14/43 (Date received local registrar) (b) Eunice Greene (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1943 hour 12 minute 05a. M.

21. I hereby certify that I attended the deceased from May 19, 1943 to June 13, 1943
that I last saw her alive on June 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the uterus and metastasis of liver and all abdominal viscera — not known
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

48 b

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 J. Will Smith MD ~~(M. D. or other)~~
Address 121 N. Pleasant Aurora Mo. Date signed 6/14/43

110 b

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 643-697
Date Filed JUN 22 1943

JUN 30 1943

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 [illegible]

Licensed Embalmer No. 2806

P. O. Address Marionville, 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.