S. No. 2
I—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1945

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1697

Primary Registration District No. 1005

Registrar's No. 47

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: Sisters Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Holt 44

(c) City or town: Oregon 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Mary Ellen Burrier

3. (b) If veteran, name war: —

3. (c) Social Security No. —

4. Sex: Female /

5. Color or race: White

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

6. (b) Name of husband or wife: Andrew Burrier

6. (c) Age of husband or wife if alive: 84 years

7. Birth date of deceased: August (Month) 26 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	4	23	hr. min.

9. Birthplace: Minnesota (City, town, or county) / (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: Lloyd Howard

13. Birthplace: Kentucky / (City, town, or county) (State or foreign country)

14. Maiden name: Sarah A. Stead

15. Birthplace: England (City, town, or county) (State or foreign country)

16. (a) Informant: Andrew Burrier

(b) Address: Oregon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 20, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Oregon, Missouri

18. (a) Signature of funeral director: James K. Pettijohn

(b) Address: Oregon, Missouri

19. (a) 1-20-45 (Date received local registrar) (b) Helen I. Peckle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th year 1945 hour 1:25 minute A M.

21. I hereby certify that I attended the deceased from Jan 13, 1945, to Jan-18-, 1945; that I last saw h. alive on Jan-17-, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Tumor of Spleen — Duration: 6 Months?

Due to:

Due to:

Other conditions: Arteriosclerosis Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: Yes

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: 0

23. Signature: T. R. Howden (M. D. or other) M. D.

Address: 620 Francis St. Date signed: 1-20-45

1377 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo

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 James H. Pettijohn

Licensed Embalmer No. O 3192

P. O. Address Oregon 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.