. S. No. 2
OM—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20182

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DA. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Tebbetts
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Infant Burre

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 16 (Day) 1945 (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Jefferson City (City, town, or county) Mo (State or foreign country)

10. Usual occupation Baby

11. Industry or business

FATHER
12. Name Kenneth Burre
13. Birthplace Callaway Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Ann Boffa
15. Birthplace Callaway Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Chas Wilson
(b) Address Tebbetts Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mokane

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St Fulton, Mo.

19. (a) 6-18-45 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1945 hour 5 minute 30 a M.

21. I hereby certify that I attended the deceased from June 16, 1945 to June 18, 1945 that I last saw her alive on June 17, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Atelectasis of lungs

Due to

Due to 114 e²

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Contracted pelvis Mother Caesarean Section
Of autopsy

Duration

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 J. Y. Bruce (M. D. or other) MD
Address Jcmo. Date signed 6-18-45

89 K

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-28-65

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 Not Embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed Glen Y. Maupin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.