DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33045

FILED OCT 19 1945

Registration District No. 2 Primary Registration District No. 3005 Registrar's No. 76

1. PLACE OF DEATH:
(a) County Bates.
(b) City or town Butler.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butler Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours. (Specify whether years, months or days)
In this community About Seven Months.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Bates. 7
(c) City or town Rural, West Boone Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. West Boone Township. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Homer Howard Burrous.
3. (b) If veteran, name war None.
3. (c) Social Security No. None.
4. Sex male ()
5. Color or race white
6. (a) Single, widowed, married, divorced single(
6. (b) Name of husband or wife None.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March, 28th, 1918 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
27	6	26	hr. min.

9. Birthplace (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business General Farming.
FATHER
12. Name Paul L. Burrous.
13. Birthplace (City, town, or county) Missouri. 0 (State or foreign country)
MOTHER
14. Maiden name Opal Lee
15. Birthplace (City, town, or county) Missouri. 1 (State or foreign country)
16. (a) Informant Mrs. Clayton Lee
(b) Address Merwin, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/45. (Month) (Day) (Year)
(c) Place: burial or cremation Jingo Kans Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Drake, Missouri
19. (a) 9/25/45. (Date received local registrar) (b) Pauline Lempton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th year 1945 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept. 9, 1945, to Sept. 24, 1945 that I last saw h~~im~~ alive on Sept. 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
anesthesia (ether) pre-operative	
Due to Possible status lymphaticus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 E. E. Robinson (M. D. or other)
Address Adrian, Mo. Date signed 9/25/1945.

1306

(Licensed Embalmer's Statement on Reverse Side)

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

R

Di Officer No. 7,

Dist 9-45-1000

Date Filed 10-18-45

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~~ personally

....., ~~Registered Apprentice No.~~.....,

~~working under my personal supervision~~

Signed.....

Licensed Embalmer No. 1950

P. O. Address. Arcadia 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.