

FILED APR 8 1946

STANDARD CERTIFICATE OF DEATH

10725

State File No.

Registration District No. 245

Primary Registration District No. 5837

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Neosho "Rural" RT # 2
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home Rte 2 neosho
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 2 mo. 26 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
 (c) City or town Neosho "Rural" RT # 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rte 2 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jerry Lee Burrwell

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years _____ (Day) (Year)

7. Birth date of deceased 12 (Month) 17 (Day) 1945 (Year)

8. AGE: Years _____ Months 2 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Neosho (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Jerry Lee Burrwell

13. Birthplace Bentonville (City, town, or county) Arkansas (State or foreign country)

14. Maiden name Mary Elizabeth Carter

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

16. (a) Informant Charles Leonard Carter

(b) Address Neosho, Mo. R# 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-46 (Month) (Day) (Year)

(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director Bigham's Mortuary
 (b) Address Neosho, Missouri

19. (a) Mar. 16, 1946 (Date received local registrar) (b) Melvin L. Borman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1946 hour 8:00 minute PM M.

21. I hereby certify that I attended the deceased from 12-17 1946 to 3-12 1946
 that I last saw him alive on 3-12 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death gastro-enteritis hemorrhagic

Duration

1 WK

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: none Of operations ✓

Of autopsy none 1946

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature Melvin L. Borman (M.D. or other) Do.
 Address Neosho, Mo Date signed 3/14/46

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

73

9147

RECEIVED

District Health Officer No.

District File Number 746-50

Date Filed APR 5 1946

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 Marion H. Hamall

Licensed Embalmer No. 4400

P. O. Address Wash, 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.