

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

17089

State File No.

FILED JUN 10 1946

Registration District No. 164

Primary Registration District No. 3-0-3-25599

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural Hazel Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD. #4 Warrensburg Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether)
In this community 80 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Missouri
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RFD. #4 Warrensburg Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mary Elizabeth Burriss

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W. D. Burriss 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased Dec. 23 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 4 9 hr. min.

9. Birthplace Smithville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John McClain
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard Ward
(b) Address Warrensburg Mo.

17. (a) Burial (b) Date thereof 5-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cem

18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.

19. (a) May 3, 1946 (b) Savannah Overfield
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1946 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 25, 1946, to May 2, 1946.
that I last saw him alive on May 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Left Central Hemorrhage Duration 8 days

Due to Myocardial Cardis-Ulcera

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations G 30
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?

While at work? _____ (Specify type of place)
(e) Means of injury 0

Signature W. J. ... (M. D. or other) _____
Address Warrensburg Mo. Date signed May 3, 46

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

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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..... *J. Earl Priest*.....
Licensed Embalmer No..... 3878.....
P. O. Address..... Warrensburg 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.