

**FILED JUL 9 1946**

Registration District No. 140

Primary Registration District No. 3024

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Fayette  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lee Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
(Specify whether years, months or days)  
In this community All his life

3. (a) PRINT FULL NAME George Burris

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

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

6. (b) Name of husband or wife Georgia Mae Burris 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased April 3, 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 2 19 hr. min.

9. Birthplace Howard Co.  
(City, town, or county) (State or foreign country)

10. Usual occupation Preacher

11. Industry or business -----

12. Name William Johnson

13. Birthplace Howard Co.  
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Burris

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

16. (a) Informant James A. Burris

(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 6/25/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director: Ralph A. Carr  
Fayette, Missouri

(b) Address -----

19. (a) June 27, 1946 (b) Dorothy Fern Baker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Fayette  
(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: -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 22nd  
year 1946 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from June 16 1946  
to June 22 1946  
that I last saw him alive on June 22 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death mesenteric thrombosis

Due to Post-operative thrombosis

Due to -----  
Other conditions -----  
(Include pregnancy within 3 months of death)

Major findings: gal bladder adhesions  
Of operations: mesenteric thrombosis  
Of autopsy: -----

Duration  
2 days

4 days

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 -----

23. Signature Mr. J. Shaw (M. D. or other M.D.)  
Address Fayette, Mo. Date signed 6-26-46

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

18948

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-8-46

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, ~~on~~.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Ralph A. Carr*

Licensed Embalmer No.

3340

P. O. Address

*Fayette 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.