. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30226

State File No.

Registration District No. 2

Primary Registration District No. ~~3-0-1-0~~ 4004

Registrar's No. 201

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Bolckow
(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 MARY JOSEPHINE BURNS May Jane Burns

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Jacob D. Burns

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

7. Birth date of deceased Feb (Month) 22 (Day) 1860 (Year)

8. AGE: Years 87 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William Phares
13. Birthplace unknown (City, town or county) Penn (State or foreign country)

MOTHER
14. Maiden name Un Known
15. Birthplace Un Known (City, town, or county) ? (State or foreign country)

16. (a) Informant Mrs Mamie Sharp
(b) Address Bolckow

17. (a) Burial, cremation, or removal BURIAL (b) Date thereof 9-22-47 (Month) (Day) (Year)

(c) Place: burial or cremation Beathy Cemetery

18. (a) Signature of funeral director E. C. Brent
(b) Address Savannah Mo

19. (a) Date received by local registrar 9/29/47 (b) Allen O. Smith (Registrar's signature)

Corr. by affd. Dec. 18, 1947 Allen C. Stolle

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27 year 1947 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from Sep-10-47, 19..., to death, 19...; that I last saw h... alive on Sep-27, 19 47; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Arteria Sclerosis

Due to

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 W. Sugg Ford (M. D. or other)
Address Bolckow, Mo Date signed 9/30/47

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 1948

DEC 18 1947

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Ga.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Andrew }

State File No.
Local Registrar's No. 2

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16 day of Dec., 1947, before me appears Maurice Sharp, who, upon her oath, states that the original record of ~~birth~~ death for Mary Jane Burns, died ~~born~~ 9-27-, 1947, in the State of Missouri, and which was filed at Savannah Mo on 9-29, 1947, should be corrected as follows:

Item No. 3 should read Mary Josephine Burns.
Instead of Mary Jane Burns.
Item No. 9 should read Upton Mo
Instead of Bellville Mo.
Item No. 17 B. should read 9-30-47
Instead of 9-29-47
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Maurice Sharp Daughter
Relationship.

Present Address.

Subscribed and sworn to before me this 16 day of Dec., 1947.

My Commission expires My Commission Expires Jan. 8, 1949 Lillian Spark Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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36667