No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 12 1947

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 37700

Registrar's No. 989

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1530 East Florida
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 64 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1530 East Florida
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Flora Malinda Burrow

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F M 1

5. Color or race White

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

6. (b) Name of husband or wife Francis Marion Burrow

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

7. Birth date of deceased March (Month) 27 (Day) 1875 (Year)

8. AGE: Years 72 Months 8 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Lawrence County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Preston Gilmore
13. Birthplace ? ? ? (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Catherine Lower
15. Birthplace ? ? ? (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant Mrs. Beulah Smith
(b) Address 812 East Commercial, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Westley Cemetery

18. (a) Signature of funeral director W. L. Dunn
(b) Address Springfield, Mo.

19. (a) 10-20-47 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1947 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from 4-18, 1947 to Nov. 18, 1947
that I last saw her alive on 11-14, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocardial insufficiency	6 mo.
Due to chr. hypertensive cardio-vascular dis	4 yrs.
Due to	
Other conditions pleurisy & effusion (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature Arthur D. Knabb M. D. or other M.D.
Address 1630 N. Jefferson Date signed 11-20-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.....W. L. McCann.....

Licensed Embalmer No. 2727

P. O. Address Springfield 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.