

FILED SEP 1 1948

Registration District No. 279

Primary Registration District No. 5995

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Putnam
 (b) City or town "Rural" Sherman Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Unionville, R. F. D.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community About 2 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86
 (c) City or town "Rural" Sherman Township 0
(If outside city or town limits, write "RURAL")
 (d) Street No. Unionville, Mo. R. F. D. No. 2 0
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ethel May Burham

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 Married

6. (b) Name of husband or wife Arthur G. Burham 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: September 25 1893
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Chattanooga Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housework

MOTHER FATHER { 12. Name Geroge Clifton
 13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
 14. Maiden name Don't Know
 15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur G. Burham
 (b) Address Unionville, R. F. D. No. 2

17. (a) Burial (b) Date thereof August 14, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Cemetery

18. (a) Signature of funeral director Constock Funeral Home

(b) Address Unionville, Mo. By John Constock

19. (a) 8-28-48 (b) Marshall Durkin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
 year 1948 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from Aug 7-23 1948 to Aug 12 1948
 that I last saw her alive on Aug 11 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Progressive heart
Diabetes Mellitus
 Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy U
 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 J. P. Kaban (M. D. or other) _____
 Address Unionville, Mo. Date signed 8/19/48

FEB 21 1951

RECEIVED

District Health Officer No. 10

District File Number 8-48-15

Date Filed ~~AUG 31 1948~~

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.....

Richard Paul Cassidy

Registered Apprentice No. 76

working under my personal supervision.

Signed *John N. Constock*

Licensed Embalmer No. 3891

P.O. Address *Unionville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.