

FILED JAN 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10577

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 2032 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Warrensburg</b> )		c. LENGTH OF STAY (in this place) <b>6 Hrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Warrensburg Hospital &amp; Clinic</b>		d. STREET ADDRESS (If rural, give location) <b>409 E Market St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Burris</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 21 1948</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>May 23, 1963</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>9</b> IF UNDER 24 HRS. Hours <b>9</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Johnson Co. Mo. 0 99</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>

13a. FATHER'S NAME <b>Andrew Jackson McMahan</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Francis Hill</b>		14. NAME OF HUSBAND OR WIFE <b>W. E. Burris</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ed J. Fitzgerald</b> ADDRESS <b>409 E. Market</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Asthma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 Days</b>	
ANTECEDENT CAUSES <b>Myocarditis</b>		DUE TO (b) _____		2 yrs	
93D		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>D</b>	

22. I hereby certify that I attended the deceased from **Dec 17, 1948** to **Dec 21, 1948**, that I last saw the deceased alive on **Dec 21, 1948**, and that death occurred at **6 P M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm Q Patterson M D</b> (Degree or title)		23b. ADDRESS <b>Warrensburg Mo</b>		23c. DATE SIGNED <b>12-21-48</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-23-48</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>	
				24d. LOCATION (City, town, or county) (State) <b>Warrensburg Mo.</b>	

DATE REC'D BY LOCAL REG <b>Dec 24, 1948</b>		REGISTRAR'S SIGNATURE <b>Sarannah Antelope</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Shweeney Phillips</b> ADDRESS <b>Warrensburg Mo.</b>	
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

5  
2  
3

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*J. Earl Priest*

Signed \_\_\_\_\_  
Student Embalmer

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.