

Registration District No. 336Primary Registration District No. 6136

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Shannon  
 (b) City or town Summersville Rural Route  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 29 years \_\_\_\_\_ (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Mary Alice Burrus3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex F / 5. Color or  
race W6. (a) Single, widowed, married,  
divorced married6. (b) Name of husband or wife  
Harv Burrus6. (c) Age of husband or wife if  
alive 80 years7. Birth date of deceased Feb  
(Month)12  
(Day)1880  
(Year)8. AGE: Years Months Days If less than one day  
68 10 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Dent Co. Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jim Staton13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)14. Maiden name unknown 915. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)16. (a) Informant Charley M Burrus(b) Address Summersville, Mo.17. (a) Burial (b) Date thereof 12-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Summersville Cemetery18. (a) Signature of funeral director Duncan Funeral Home(b) Address Mountain view, Mo19. (a) 12-31-48 (b) W. B. Rorer, Jr. M. Rorer 306  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon 101  
 (c) City or town in rural place; 10000 MO 5 9  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Springvally Twship 9  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14  
year 1948 hour 8 minute 05 P.M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

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 sta-  
tistically.

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? 9

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. J. H. J. J. (M. D. or other) MD  
Address Summersville, Mo. Date signed 12-16-48

RECEIVED 1-5-49  
District Health Officer No. 5  
District File Number 1-95-  
Date Filed 1-10-49

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 Joe R. Duncan  
Licensed Embalmer No. 4325  
P. O. Address Mtn. View, 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.