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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17830**

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **419**

1. PLACE OF DEATH
GREENE

(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: **845 N. Nettleton 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **JAMES ARTHUR BURROW**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **491-03-1066**

4. Sex **MALED** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MAUDE BURROWS**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Sep 17 1879**
(Month) (Day) (Year)

8. AGE: Years **61** Months **8** Days **1** If less than one day hr. min.

9. Birthplace **Barry Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Transfer Operator**

11. Industry or business **Fit + Transfer Co.**

12. Name **Mr. J. Burrows**

13. Birthplace **Unknown; England**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown; England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maude Burrows**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **May 20-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Buried**

18. (a) Signature of general director **J. W. Hingray**

(b) Address **Springfield, Mo.**

19. (a) **5-20-41** (b) **D. W. E. Handley**
(Date received local registrar) (Year) (Month) (Day) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene 37**

(c) City or town **Springfield 2**
(If outside city or town limits, write "RURAL")

(d) Street No. **845 N. Nettleton 6**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **18th** day **May** year **1941** hour **12** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Jan 24**, 19**41**, to **May 18**, 19**41**; that I last saw him alive on **May 18**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death **coronary thrombosis**

Due to _____

Due to **44 W**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? **YES**

(e) Signature **Embourse** (Specify type of place) _____
While at work? (e) Means of injury _____

(f) Address **Springfield Mo** (M. D. or other) **A.**

(g) Date signed **5-19-41**

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Ogl Sloan Jr.

Licensed Embalmer No. *4196*

P. O. Address *Springfield*

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.