

No. 2
1-47
5-17-39

8261

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED APR 3 1948

Registrar's No. 42

Registration District No. 82

Primary Registration District No. 3017

1. PLACE OF DEATH:
 (a) County **COOPER**
 (b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **ST. JOSEPH'S HOSPITAL**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **50 DAYS**
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **COOPER**
 (c) City or town **BLACKWATER**
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **MRS MARY E. BURRIS**
 3. (b) If veteran name war **NONE**
 3. (c) Social Security No. **NONE**

4. Sex **FEMALE**
 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **APRIL 20 - 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	11	2 hr. min.

9. Birthplace **PETTIS COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **OWN HOME**

12. Name **JAMES G. SHEM WELL**
 13. Birthplace **KENTUCKY**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY LEE**
 15. Birthplace **KENTUCKY**
(City, town, or county) (State or foreign country)

16. (a) Informant **D.B. BURRIS**
 (b) Address **JEFFERSON CITY - MO.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **3/23/48**
(Month) (Day) (Year)
 (c) Place: burial or cremation **OLD LAMINE CEMETERY**

18. (a) Signature of funeral director **STEGNER**
 (b) Address **BOONVILLE - MO.**

19. (a) **3-25-48** (Date received local registrar) (b) *[Signature]* (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Mar** day **22**
 year **1948** hour **9:15** minute **A** M.

21. I hereby certify that I attended the deceased from **Feb 16**, 19**48** to **Mar 22**, 19**48**
 that I last saw her alive on **Mar 22**, 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis**

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **none**
 Of autopsies **none**

Duration
 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?..... (c) Means of injury.....
 23. Signature **T. C. Beckett MD** (M. D. or other)
 Address **Boonville mo** Date signed **3-22-48**

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-2-48

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 _____

Fred W. Harris.

Registered Apprentice No. 476

working under my personal supervision.

Signed _____

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.