REC'D MAR 20, 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7227
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence — Registration District No. 467

(b) Township Aurora — Primary Registration District No. 5628 — Registered No. 9

(c) City Aurora — (d) Street No. R.F.D. #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jane Moore 600

(a) Residence, No. R.F.D. #1 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 30-1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
82	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County Missouri.

FATHER

13. NAME William Burrow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence County Missouri.

MOTHER

15. MAIDEN NAME Francis Stacy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Ernest Moore
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Orange Cemetery. DATE Feb, 11 1938

19. FUNERAL DIRECTOR King Funeral Home
(ADDRESS) Aurora Mo.

20. FILED 2-10 1938 R.V. Cowan M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 9 1938

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1938 to Feb 1, 1938. I last saw her alive on Feb 1, 1938. Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo nephritis	1925.
131	

Other contributory causes of importance:

Congestive Heart Failure	2/1/38

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Dr. Kenneth L. Kelly, M. D.

(Address) 16 E. Locust St. Aurora, Mo.

1418

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Herman Surridge, Licensed Embalmer No. 3072

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3072 or by, Registered Apprentice No.

working under my personal supervision.

Signed Herman Surridge

Licensed Embalmer No. 3072

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