

REC'D FEB 11 1939

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

3012  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 543  
(b) Township Boone Primary Registration District No. 5743  
(c) City Meta (d) Street No. \_\_\_\_\_ 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

(a) Residence, No. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Burnham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 - 1875</u>		
7. AGE <u>63</u>	YEARS <u>5</u>	MONTHS <u>14</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housekeeper</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Meta Mo</u> <u>Marion Co.</u>		
13. NAME <u>Washington Stokes</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennesse</u>		
15. MAIDEN NAME <u>Martha Burnham</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage County Mo</u>		
17. INFORMANT <u>Mrs. Aubrey Robison</u> <u>Meta Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Stokes</u> <u>Meta Mo</u> DATE <u>1/9 - 39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ch. Bailey</u> <u>Meta Mo</u>		
20. FILED <u>Jan 17, 1939</u> <u>Mrs. Rosa Lawson</u> <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>1/8 - 1939</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 14</u> , 19 <u>38</u> , to <u>Jan 6</u> , 19 <u>39</u> I last saw her alive on <u>Jan 6</u> , 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>1:30 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of liver</u> Date of onset <u>3/38</u> <u>Hb</u> Other contributory causes of importance: <u>X</u> <u>X</u> <u>X</u> Name of operation <u>X</u> Date of <u>X</u> What test confirmed diagnosis? <u>Y</u> Was there an autopsy? <u>no</u> 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>X</u> Date of injury <u>X</u> , 19 <u>X</u> Where did injury occur? <u>X</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>X</u> Nature of injury <u>X</u> 24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>Kopler Gates</u> M.D. (Signed) <u>Bryantown, Mo</u>

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 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.....

*E. Casey*

Licensed Embalmer No.....

*2694*

P. O. Address.....

*Iberia, 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, above space should be left blank.**