

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

25331
Do not use this space.

1939 AUG 16 1939

1. PLACE OF DEATH *Pass*

(a) County *Pass* Registration District No. *157*

(b) Town *Pleasant Hill* Primary Registration District No. *4091* Registered No. *30*

(c) City *Pleasant Hill* (d) Street No. _____ (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 *Lillian Viola Burr*

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF *Reuben B. Burr*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 19-1876*

7. AGE YEARS *63* MONTHS *-* DAYS *30* If LESS than 1 day, _____ hrs. or _____ min.

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

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) *Lavenport, Iowa*

13. NAME *James H. Herron*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

15. MAIDEN NAME *Margery C. Shaffer*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

17. INFORMANT (NAME) (ADDRESS) *Reuben B. Burr Pleasant Hill, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Pleasant Hill* DATE *7/11/1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *H. H. Hoffberger Pleasant Hill, Mo.*

20. FILED *Aug. 14, 1939* *Mrs. Etta M. Aldridge* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 9, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Mar. 13, 1939*, to *July 9, 1939*

I last saw her alive on *July 9, 1939* Death is said to have occurred on the date stated above, at *11 P.M.*

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

marked Kypho-scoliosis causing displacement of spine on right. marked Depressive psychosis.

Other contributory causes of importance: *63*

Name of operation _____ Date of _____

What test confirmed diagnosis? *C* Was there an autopsy? *No*

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) *A. J. Murray*, M. D.

(Address) *Pleasant Hill, Mo.*

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.

SEP 28 1944
SEP 27 1944

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,

D. A. Nofsinger

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

D. A. Nofsinger

Licensed Embalmer No. *3938*

P. O. Address *Pleasant Hill*

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.