

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

**32895**  
Do not use this space.

**1. PLACE OF DEATH**  
 (a) County Livingston Registration District No. 508  
 (b) Township Cream Ridge Primary Registration District No. 5677 Registered No. 113  
 (c) City..... (d) Street No. 9 miles N. E. Chillicothe, Mo. 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** Mrs. Edna Lucy Burns  
 (a) Residence, No. 9 miles N. E. Chillicothe, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles L. Burns (d)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>70</u>	<u>11</u>	<u>25</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as lawyer, 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) Livingston County  
 (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME Edwin Austin  
 14. BIRTHPLACE (CITY OR TOWN) Boone County  
 (STATE OR COUNTRY) Missouri

MOTHER  
 15. MAIDEN NAME Jane Wilcox  
 16. BIRTHPLACE (CITY OR TOWN) Monroe County  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Bertha Case  
 (ADDRESS) R. F. D. Chula, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE May Cem. DATE 9-11 1939

19. FUNERAL DIRECTOR (NAME) Frank B. Norman  
 (ADDRESS) Chillicothe, Missouri

20. FILED 9-11 1939 H. M. Wallace, M.D. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from June 1 - 1939 to Sept. 9 - 1939  
 I last saw her alive on 9-9, 1939. Death is said to have occurred on the date stated above, at 10:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Liver  
 Other contributory causes of importance: 46

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?.....  
 If so, specify.....  
 (Signed) H. P. Dawell, M. D.  
 (Address) Chillicothe, 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.

RECEIVED

District Health Officer No. 11,

District File Number 1039-1328

Date Filed OCT-16-1939

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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, .....

E. R. Norman .....

, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*ER Norman*

2374

Licensed Embalmer No. ....

P. O. Address Chillicothe, 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.