

Registration District No. 318Primary Registration District No. 2001

Registrar's No.

863

1. PLACE OF DEATH:

(a) County Greene /
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Burge Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Springfield, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 813 N. Nettleton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT
FULL NAMEMildred Claire Buren 6503. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced Child

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Nov. 27 1939
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
0 0 0 hr. min.9. Birthplace Springfield, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Clarence W. Buren13. Birthplace Chicago, Ill.
(City, town, or county) (State or foreign country)14. Maiden name Mildred Ahrens15. Birthplace Chicago, Ill.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Clarence W. Buren(b) Address Springfield, Mo.17. (a) Burial (b) Date thereof Nov. 28 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Eastlawn18. (a) Signature of funeral director H.H. Lohmeyer(b) Address Springfield, Mo. 20119. (a) 11-28-39 (b) Chas. A. George
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1939 hour 1 minute 0 P. M.21. I hereby certify that I attended the deceased from Nov 27-39
Nov 27, 1939, to Nov 27, 1939.
that I last saw her alive on Nov 27, 1939.
and that death occurred on the date and hour stated above.Immediate cause of death _____
Stillborn
Duration _____Due to _____
Due to _____Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Chas. A. George (M. D. or other) _____Address Springfield, Mo. Date signed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

X