

No. 2
11-10-39
5-17-39
I X21492

FEB 21 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3367

Registration District No. 677

Primary Registration District No. 4403

State File No. _____

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Phelps 2

(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 mo (b) County Phelps

(c) City or town Rolla
(If outside city or town limits, write "RURAL")

(d) Street No. 1006 Rolla St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Sarah Louise Burrell 640

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 7th
year 1940 hour 6 minute 27 P.M.

21. I hereby certify that I attended the deceased from Feb 5th, 1940 to Feb 7th, 1940
that I last saw h. ea alive on Feb 7th, 1940
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Allen L. Burrell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 9, 1867
(Month) (Day) (Year)

Immediate cause of death concussion (cerebral)

Due to Fall

8. AGE: Years 72 Months 2 Days 28 If less than one day _____ hr. _____ min.

Due to _____

9. Birthplace Speed mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home

Other conditions (Include pregnancy within 3 months of death) _____

Due to _____

11. Industry or business _____

12. Name George Barry

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Russell

15. Birthplace Va
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mable Stale

(b) Address Rolla mo

17. (a) Burial (b) Date thereof Feb 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home mo

18. (a) Signature of funeral director Fuller

(b) Address Rolla mo

19. (a) Feb. 9, 1940 (b) Joe F. Ceyes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Feb 5, 1940

(c) Where did injury occur? Home Rolla mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? yes (Specify type of place) _____ (e) Means of injury _____

23. Signature E. E. Farid M.D. (M. D. or other) _____

Address Box 524 Rolla mo Date signed 2-8-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.

RECEIVED

District Health Officer No. 5,

District File Number. 240,233

Date Filed 2/16/40

Signed

Licensed Embalmer No. 3397

P. O. Address Roller m

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.