

FILED FEB 17 1940
Registration District No. 520

Primary Registration District No. 6069

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Fornfelt, Missouri
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Fornfelt, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Lavina Burns
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vernon Burns 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased July 18 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan 27 day 27 1940
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from I/I/40
To I/27/40, 19____, to _____, 19____;
that I last saw her alive on I/27/40
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
50 6 9 _____ hr. _____ min.

Immediate cause of death Myocarditis Duration _____
Due to Uremia
Due to _____

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Coleman Estes
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Jane Boland (City, town, or county) (State or foreign country)
15. Birthplace Unknown (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations None
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Vernon Burns
(b) Address Fornfelt Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29/40
(Month) (Day) (Year)
Morley Cemetary
(c) Place: burial or cremation
18. (a) Signature of funeral director T.S. Neumeyer & Co
(b) Address Oran 40
19. (a) 2/5-40 (Date received local registrar) (b) [Signature] (Registrar's signature)

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 _____
28. Signature [Signature] (M. D. certificate)
Address Oran Mo Date signed 1/27/40

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

Rev. 6-17-39
U.S. GPO: 1939:1

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.

93A1

RECEIVED
District Health Officer No. 2
District File Number 240-571A
Date Filed 2/9/40

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.

