

Registration District No. 142

Primary Registration District No. 2693

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Mc Donald
 (b) City or town Goodman Mo.
 (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 2
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mc Donald
 (c) City or town Goodman 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 Sarah Luenna Burk
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 5th
 year 1940 hour 12 minute None M.
 21. I hereby certify that I attended the deceased from
September, 1939, to April 4, 1940;
 that I last saw her alive on April 3, 1940;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced, married
 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased Jan 2 1869
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of splenic flexor involving most of the descending colon
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years 71 Months 3 Days 3
 If less than one day _____ hr. _____ min.

Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace Mc Gentry Co. Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 { 12. Name Elija Gunn
 18. Birthplace Bond Co. Ill
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Marret Beards
 15. Birthplace Bond Co. Ill
 (City, town, or county) (State or foreign country)

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? 4644
 (Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature Will Gunn
 (b) Address Rosky Lambert Mo

17. (a) Burial (b) Date thereof 4-5-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodman Co. Mo

18. (a) Signature of funeral director Wm. Morris
 (b) Address Wheaton, Mo.

19. (a) 4-12-40 (b) Chas. Williams
 (Date received local registrar) (Registrar's signature)

23. Signature C. E. Manser (M. D. or other)
 Address Hecker, Mo. Date signed _____

Duration
Posible three years
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

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. 6,

District File Number 440-1134

APR 15 1940

Date filed

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.