

Registration District No. 284

Primary Registration District No. 4227

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CHRISTA HOGAN Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital as institution 7 hours.
(Specify whether years, months or days)
In this community 24 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County HOWELL
(c) City or town "RURAL" Pomona
(If outside city or town limits write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME DORTHY HENRIETTA BURGESS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lloyd Burgess 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased June 2 1912
(Month) (Day) (Year)

8. AGE: Years 28 Months 2 Days 18 If less than one day hr. _____ min. _____

9. Birthplace TABOR, OKLA.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name S. Henry Bridges
13. Birthplace Olden, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lina Ellen Drumright
15. Birthplace Olden, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Burgess
(b) Address POMONA, Mo. Route 2

17. (a) BURIAL (b) Date thereof SEPT. 27, 1940
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)
(c) Place: burial or cremation Howell Co. Mo. Dry Creek

18. (a) Signature of funeral director Hal Thomburg
(b) Address WEST PLAINS, Mo.

19. (a) 9-27-40 (b) Vida W. Simmons
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 25
year 1940 hour 7: minute 05 P.M.

21. I hereby certify that I attended the deceased from 9-23-
1940, to 9-25-, 1940;
that I last saw her alive on 9-25-, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Hemorrhage Duration 4 days

Due to Peptic ulcer 11/10 1yr

Due to _____
Other conditions Pregnancy 4mos.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
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? 2 1/4
2 1/4 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature C. J. Callahan (M. D. or other) 1
Address Willow Springs, Mo Date signed 9-27-40

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

RECEIVED

District Health Officer No. 5,

District File Number 10401107

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, ~~on~~ _____

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

Signed Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.