

Registration District No. 121

Primary Registration District No. 5173

Registrar's No. 6

1. PLACE OF DEATH:

- (a) County Camden
(b) City or town WARREN
(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 48 yrs
years, months or days

2

3. (a) PRINT
FULL NAMELaura Ann 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

6. (b) Name of husband or wife

George Burns

6. (c) Age of husband or wife if

alive 47 years

7. Birth date of deceased

July
(Month)14
(Day)1896
(Year)

8. AGE:

Years

Months

Days

If less than one day

44320

hr.

min.

9. Birthplace

Duroc

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

house wife

0

11. Industry or business

0

12. Name

George Allen

0

13. Birthplace

BENTON CoMo

(City, town, or county)

(State or foreign country)

14. Maiden name

LIZA JANE BURNS

15. Birthplace

BENTON CoMo

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Mr. Burns

(b) Address

Discontinville Mo

17. (a)

Burial

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Zion

18. (a) Signature of funeral director

Palmer

(b) Address

Lebanon, Mo.19. (a) Nov 23 1940 (b)

(Date received local registrar)

Mrs. Wella (Lambert)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

Mo

(b) County

CAMDEN

(c) City or town

Discontinville Mo

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

(d) Street No.

0

(If rural, give location)

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

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Nov

day

4

year

1940

hour

5

minute

20

M.

21. I hereby certify that I attended the deceased from 5-20-39

, 19

to 5-7, 1940that I last saw h alive on 10-7 1940

and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer

Duration

39Chronic

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Cervix

Of autopsy

none

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

E. J. Claborn

Address

Discontinville MoDate signed 11-22

RECEIVED

District Health Officer No. 7,
District File Number 12-40-1743
Date Filed 12-10-40

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. 1161

P. O. Address Lebanon 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38339

Registration District No. 121

Primary Registration District No. 5173

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Camden
(b) City or town Warren
(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
years, months or days)

In this community _____

3. (a) PRINT FULL NAME Laura Ann Barnes

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 _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day _____

44

3

30

_____ min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Nov 23, 1940 (b) Maxwell Clayton

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____

(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? _____

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

23. Signature T. E. Clayborne (M. D. or other) _____

Address Camden _____

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

SUPPLEMENT

