

Registration District No. 29 Primary Registration District No. 57045B State File No. \_\_\_\_\_ Registrar's No. 59

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Rt. 1 Purdy, Mo. Donald #. D.  
(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 12 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Mo. Donald Deep  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19  
year 1941 hour 4 minute 25 P. M.  
21. I hereby certify that I attended the deceased from Feb 18 to Feb 19, 1941  
that I last saw her alive on Feb 17, 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Hemorrhage

Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (includes 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?  
30 \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature R. S. Stealy (M. D. or other) \_\_\_\_\_  
Address Purdy, Mo. Date signed 2/18/41

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

3. (a) PRINT FULL NAME

Mary Francis Brown

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. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased June 7, 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bates County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

12. Name John C. Burkhardt  
13. Birthplace Bates Co., Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Haskins  
15. Birthplace Bates Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant William Brown

(b) Address Rt. 1 Purdy, Mo.

17. (a) Burial (b) Date thereof Feb 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparks Cem.

18. (a) Signature of funeral director Roan Funeral Home  
(b) Address Cassville, Mo.

19. (a) 2/18/41 (b) Geo. W. Neumann, M.D.  
(Data received local registrar) (Registrar's signature) \_\_\_\_\_

**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.....

*Eugene Wood*

Licensed Embalmer No.....

*3804*

P. O. Address.....

*Cassville, 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, fact should be so stated above.**