

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7060

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(c) Name of hospital or institution 700 South Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Miss Neille Burris

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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 24 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Johnson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Captain Louis Burris
13. Birthplace Lafayette County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Betty Ann Upton
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Erma Lee Rusk

(b) Address Windsor, Mo.

17. (a) Burial (b) Date thereof 1-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) 1-25-41 (b) _____
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 700 S. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1941 hour 1 minute a m. M.

21. I hereby certify that I attended the deceased from 12-13, 1938, to 1-23, 1941,
that I last saw her alive on 1-23, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast
Duration ?

Due to _____
Due to _____

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.

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?
311 While at work? _____ (Specify type of place) (e) Means of injury _____
3. Signature Ray B Jordan (M. D. or other) D
Address Windsor, Mo. Date signed 1-28-41

(Licensed Embalmer's Statement on Reverse Side)

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

42
2
0

RECEIVED

District Health Officer No. 7,

District File Number 3-41-436

Date Filed 3-6-41

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.....

E. M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.