

Registration District No. 657

Primary Registration District No. 5874

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Brazeau  
(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 85 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Rural  
(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 Frank T. Burroughs

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Maria Burroughs

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

7. Birth date of deceased: April 22 1855  
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Coffey Co. Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Robert L. Burroughs

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant R. L. Burroughs

(b) Address Sixty Six N.W.

17. (a) Burial (b) Date thereof Feb. 10 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frohna Mo.

18. (a) Signature of funeral director Youngs

(b) Address Perryville Mo.

19. (a) 2-9-1941 (b) Adolph Schmidt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 year 1941 hour 9 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from February 2nd 1941 to February 17th 1941; that I last saw him alive on February 6th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 week

Due to Atherosclerosis & Hypertension 5 weeks

Due to \_\_\_\_\_

Other conditions gzw  
(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? \_\_\_\_\_

5th St (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Theodore Fisher (M. D. or other) \_\_\_\_\_

Address Altamira, Mo Date signed 2/9/41

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

MOTHER FATHER

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**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..... *Wallace Young* .....

Licensed Embalmer No..... *4027* .....

P. O. Address..... *Perryville Pa.* .....

**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.**