

No. 2
4-13-40
-17-39
X23159

APR 10 1941

Primary Registration District No. 2001

Registrar's No. 184

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

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. JOHN'S Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME MAUD E. BURDETT.
 3. (b) If veteran, name war _____
 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec years
 7. Birth date of deceased march 3 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 27 If less than one day _____
hr. min.

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

10. Usual occupation House wife

11. Industry or business In home

12. Name Lucius E. Hull

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

14. Maiden name Lucia

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

16. (a) Informant Mrs. Florence Lucas
 (b) Address Fair Grove, Mo.

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

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Springfield
 (b) Address _____

19. (a) 3-4-41 (b) W. E. Haudley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. R. # 10
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day _____
 year 1941 hour 9 minute 30 A. M.
 21. I hereby certify that I attended the deceased from Oct 15
1940, to march 2, 1941;
 that I last saw her alive on march 2, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia - from retention
 Due to Cancer of Prostate and Bladder
 Due to primary seat Rectum
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy none

Duration _____
 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 _____
 Signature Ronald F. Eddins (M. D. or other) _____
 Address Springfield Mo. Date signed 3-5-41

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.....

Ogle Sloan Jr.

Licensed Embalmer No.

4170

P. O. Address.....

Springfield

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.

X