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FILED MAR 19 1941

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4339

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community Life / (Specify whether years, months or days)

3. (a) PRINT FULLNAME Aubrey Fred Burriss

3. (b) If veteran, name war Worlds War

3. (c) Social Security No. 495-07-0345

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Minnie Burriss

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased March 15th. 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45 11 9 hr. min.

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

10. Usual occupation Mechanic

11. Industry or business Ford Motor Company

12. Name Ernest Burriss

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

14. Maiden name Margaret Pollock

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

16. (a) Informant Minnie Burriss

(b) Address Tipton Mo

17. (a) Burial (b) Date thereof 2-26-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton Masonic Cem

18. (a) Signature of funeral director James E. Richards

(b) Address Tipton Mo

19. (a) 2-25-41 (b) Miss Sarah Fry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 68

(a) State Missouri (b) County Moniteau

(c) City or town Tipton
(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.? Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24
year 1941 hour Est. 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from head when first seen 19____
to _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide

Due to Bullet wound in skull.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

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) Suicide

(b) Date of occurrence February 24, 1941

(c) Where did injury occur? Tipton Moniteau Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at Tipton motor Co. Garage

While at work? _____ (e) Means of injury: Coronet

23. Signature Kenyon Lathorn (M. D. or other)

Address California, Mo. Date signed 2/24/41

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

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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 me

....., Registered Apprentice No.

..... working under my personal supervision.

Signed Jamelle E. Richard

Licensed Embalmer No. 2466

P. O. Address Tipton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.