No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12230

State File No.

Registration District No. 821 Primary Registration District No. 6070 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: [illegible]
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Sikeston 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frank M. Burns
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lily Burns
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Feb - 8 - 1882
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	1	26	hr. min.

9. Birthplace Alabama 1
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Jim Burns
13. Birthplace Ala. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Lynn
15. Birthplace Ala. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Lily Burns
(b) Address Sikeston, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6-41
(Month) (Day) (Year)
(c) Place: burial or cremation Dogwood Cemetery
18. (a) Signature of funeral director Arden Ellis
(b) Address Sikeston, Mo
19. (a) 4-5-41 (Date received local registrar) (b) G W H Presnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 4
year 1941 hour 9:15 minute P M.
21. I hereby certify that I attended the deceased from March 28, 1941, to April 4, 1941
that I last saw him alive on April 2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
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)
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature G W H Presnell (M. D. or other)
Address Sikeston Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1949

SEP 23 1954

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.

Not Embalmed Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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