No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT MAY 1 0 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14853

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 10years 8mo.6days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. R F D 3, Box 453 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME Virginia Belle Burlison
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 0 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 11 1930 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	10	8	6	hr. min.

9. Birthplace Joplin 0 Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER
12. Name Adolphus Burlison
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Isabelle Tusinger
15. Birthplace Racine 0 Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Alice Bare
(b) Address Neosho, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Mem. Cemetery
18. (a) Signature of funeral director Lanpher Mortuary
(b) Address Joplin, Missouri 3-17
19. (a) 4-18-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th year 1941 hour 12:30 minute p M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h Did Not see her alive 19; alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Traumatic	
Due to Pneumonia	
Fractured ribs Fright side	/
Due to Automobile accident	✓
Other conditions Fracture Fright Humerus (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) Accident
(b) Date of occurrence Apr. 14, 1941 1 22
(c) Where did injury occur? Joplin Jasper Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on public highway (Specify type of place)
While at work? on way to (e) Means of injury 9
23. Signature R. N. Webster (M. D. or other) Nancy
Address Carthage, Mo Date signed Apr 18 41

(Licensed Embalmer's Statement on Reverse Side)

41-5-458

170C6
95

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin M

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

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

No. 2B
—4-25-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14853

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Virginia Belle Burleson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive year
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 10 Months 8 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 17
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Traumatic Pneumonia	
Due to Fract ribs of rt side	
Due to Automobile acc Fract of rt Humerus	
Other conditions (Include pregnancy within 3 months of death) Car in which she was riding collided with truck	
Major findings: Of operations on public highway	
Of autopsy 17 DC 22	

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) acc
(b) Date of occurrence Apr 14 - 1941
(c) Where did injury occur Joplin (City or town) mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Public Hgw (Specify type of place)
While at work? (e) Means of injury Automobile collision
23. Signature R. N. Webster (M. D. or other) Coroner
Address Carthage Mo Date signed June 2 '41