

Registration District No. 1075

Primary Registration District No. 8381

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Seymour, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lincoln Hosp.
(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 JAMES. ARTHUR BURNS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July-16-1868 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 22 hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

12. Name Smith, S. Burns
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Paige
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Flora Beth Ford
(b) Address Seymour, Mo.

17. (a) _____ (b) Date thereof 5-13-41 (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Doanwood, Mo.

18. (a) Signature of funeral director R. E. Keller

(b) Address Seymour, Mo.

19. (a) 5-26 (Date received local registrar) (b) Reba King White (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Seymour, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1941 hour 10:30 minute 0 M.

21. I hereby certify that I attended the deceased from April 26 1941 to May 8 1941

that I last saw him alive on April 26 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction + Pulmonary Embolism + Shock Duration 14 days

Due to Injury to Right hip from a fall accidental. Acute

Due to Paralysis of right arm and leg Chronic

Other conditions (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 April 24-1941
(c) Where did injury occur? Seymour, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 97th home

While at work? no (Specify type of place) (e) Means of injury Accidental fall

23. Signature R. M. Norman (M. D. or other) Address Arva, Mo. Date signed 5/17/41

RECEIVED.

District Health Officer No. 6

District File No. 641-846

Date Filed JUN 3 1901

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

K. K. Kelley

Licensed Embalmer No.

3334

P. O. Address

Keyman m

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.