

S. No. 2
1-1-4-41
7. 5-17-39
9-1 X25390

FILED JUL 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21556

State File No. _____

Registration District No. 250

Primary Registration District No. 4150

Registrar's No. 21

1. PLACE OF DEATH;
 (a) County Daviess
 (b) City or town Gallatin
(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 18 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Daviess 31
 (c) City or town Gallatin 0
(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 _____ 0

3. (a) PRINT FULL NAME Amy Lane Burns
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 10
 year 1941 hour 10 minute 40 P. M.

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, 2 divorced, Widowed
 (b) Name of husband or wife James Brantley Burns 6. (c) Age of husband or wife if
 alive --- years
 7. Birth date of deceased January 25 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from head when
arrived 19 to 6-10 1941
 that I last saw her dead alive on 6-10 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
41 4 15 _____ hr. _____ min.

Immediate cause of death _____
Cerebral Hemorrhage (Stroke)
 Due to _____

9. Birthplace Jamesport Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

Due to _____
 Other conditions _____
(Include pregnancy within 5 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Cordelia A. Smith
 15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lester Stroup
 (b) Address Gallatin, Mo.
 17. (a) Burial (b) Date thereof 6-12-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Crab Orchard Cemetery
Hope Street and Co.
 18. (a) Signature of funeral director Hope Street and Co.
Gallatin, Mo.
 (b) Address _____
 19. (a) 6-12-41 (b) H. G. Hope
(Date received local registrar) (Registrar's signature)

23. Signature Henry E. Nelson (X: D. or other) 2
 Address Gallatin, Mo. Date signed 6-12-41

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

MOTHER FATHER

JUL 25 1944

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.....

L. O. Richerson

Licensed Embalmer No.....

3302

P. O. Address.....

Gallatin, Mo

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.