

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21677**

318

Registration District No. _____

Primary Registration District No. **2001**

Registrar's No. **464**

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
810 E. COMMERCIAL
(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 **REBECCA BURDETT**
3. (b) If veteran, name war **NONE**
3. (c) Social Security No. **NONE**

4. Sex **FEMALE**
5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **WIDOW**
6. (b) Name of husband or wife **Unknown**
6. (c) Age of husband or wife if alive **Dec** years
7. Birth date of deceased **June 28 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **11** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown Okla**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **In home**

MOTHER FATHER
12. Name **Marion F. Jones**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Virgil Summers**
(b) Address **Springfield, Mo.**

17. (a) **Scrapped** (b) Date thereof **June 7-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brick Church Cemetery**

18. (a) Signature of funeral director **W. E. Haudley**
(b) Address **Springfield, Mo.**

19. (a) **6-6-41** (b) **W. E. Haudley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Greene 39**
(c) City or town **Springfield 9**
(If outside city or town limits, write "RURAL")
(d) Street No. **810 E. COMMERCIAL**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5**
year **1941** hour **6** minute **10 A.** M.

21. I hereby certify that I attended the deceased from **June 5 1941** to **June 5 1941**;
that I last saw her alive on **June 5 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Due to **ch. hypertension, cardiopascular, arterio-sclerosis**
Other conditions: _____
(Include pregnancy within 3 months of death)

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

Major findings: _____
Of operations _____
Of autopsy **937**

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)
Did injury occur in or about home, on farm, in industrial place, in public place? **at**
While at work? **at** (Specify type of place)
(c) Means of injury _____
Signature **Arthur Kraft** (M. D. or other) **MD**
Address **900 E. Cecil** Date signed **6/6/41**

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

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

Roy A. Leann

Licensed Embalmer No.

1763

P. O. Address

Springfield, 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.

X