

Registration District No. 318 1941

Primary Registration District No. 2001

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: 223 N. CLAY AVE!
(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 Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 223 N. Clay Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1941 hour 10 minute 45 P. M.
21. I hereby certify that I attended the deceased from 10/6/41
1941 to 10/6/41 1941
that I last saw her alive on 10/6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition and improper feeding
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 156

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) _____
(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? _____

While at work? _____ (Specify type of place) _____ (Means of injury)
Signature [Signature] (M. D. or other)
Address [Address] Date signed 10/7/41

3. (a) PRINT FULL NAME RUTH NAOMI BURRELL

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 SINGLE

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased. AUG. 17 1941
(Month) (Day) (Year)

8. AGE: Years 10 Months 1 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business In Home

12. Name James B. Burrell

13. Birthplace Canton N. Car.
(City, town, or county) (State or foreign country)

14. Maiden name Wm. B. Addelberger

15. Birthplace Columbus Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant James B. Burrell
(b) Address Springfield, Mo.

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

(c) Place: burial or cremation Hazelwood
(d) Signature of funeral director [Signature]
(e) Address Springfield, Mo.

19. (a) 10-6-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

984 (Licensed Embalmer Statement on Reverse Side)

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

9
2
6

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 _____
working under my personal supervision.

Registered Apprentice No. _____
Signed *W. Max Rhodes* _____
Licensed Embalmer No. *427* _____
P. C. Address *Permyville* _____

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