

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 18 1941

See over 39238-41
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35897

Registration District No. 744

Primary Registration District No. 5976B

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Ray Richmond Rural
(b) City or town Richmond Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Ray
(c) City or town Richmond Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
1941 year hour 2 minute 51 P. M.
21. I hereby certify that I attended the deceased from Oct 29 1940 to Nov 2 1941
that I last saw him alive on Oct 31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis
Duration: 3 yrs
Due to _____
Due to _____
Other conditions: 138
(Include pregnancy within 3 months of death)

Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Louella S. Burns

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 Widowed

6. (b) Name of husband or wife John George S. Burns 6. (c) Age of husband or wife if alive _____ years
Feb. 17 1875

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 16 hr. min.

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

10. Usual occupation House wife

11. Industry or business small wood

12. Name George Smalwood

13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Margrett Henry

15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Jean Burns

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Nov. 3. 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
Hickory Grove

(c) Place: burial or cremation _____

18. (a) Signature of funeral director J. Hummer
(b) Address Richmond Mo.

19. (a) Nov 3 1941 (b) Martha Jackson
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____

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? _____

(Specify type of place) _____
While at work _____ (e) Means of injury 0

23. Signature J. W. Sanders M.D. (M. D. or other) J. D.
Address Richmond Mo. Date signed 11-4-41

965 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-13-41

DEC 15 1941

DEC 15 1941

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, W. H. H. H.

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. H. H. H.

Licensed Embalmer No. 2073

P. O. Address Rochmond 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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Mo }
County of Ray } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 96

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of ^{birth} death
for Louella S. Burns ^{died} November 2, 1941, in the State of
^{born} Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 21 should read Duration 1 yr.

Instead of 3 yrs

Item No. 26 should read Oct 30, 1940 to Nov. 2, 1941

Instead of.....

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant W. Gaines M.D. none
Relationship.

Richmond, Mo
Present Address.

Subscribed and sworn to before me this 12th day of....., 1941

My Commission expires July 14, 1943 David J. [Signature] Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-35897

