

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

38405

Do not use this space.

1. PLACE OF DEATH

(a) County Holt Registration District No. 372
 (b) Township Benton Primary Registration District No. 5518
 (c) City Mound City, Mo. (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mon. da. (f) How long in U. S., if of foreign birth? yrs. mon. da.

2. PRINT FULL NAME May Burroughs

(a) Residence, No. Holt County St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Newton Burroughs
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 11 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville, Mo.

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Newton Burroughs, Mound City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound City, Mo. DATE Nov. 16, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Gifford, Mound City, Mo.

20. FILED 11-16-41 J. H. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1941
 22. I HEREBY CERTIFY, That I attended deceased from May 1, 1941 to Nov 14, 1941
 I last saw her alive on Nov 13, 1941. Death is said to have occurred on the date stated above, at 6 a. m.
 The principal cause of death and related causes of importance were as follows:

Cancer uterus

Other contributory causes of importance: 486

Name of operation exploratory for relief w/ diagnosis 4-16-41
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) D. J. Perry M. D.
 (Address) Mound City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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DEC 20 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 *W. Crawford*
Licensed Embalmer No. *1824*
P. O. Address *Main St. City 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, above space should be left blank.