

Registration District No. 408

Primary Registration District No. 3020

1. PLACE OF DEATH:

(a) County Jasper County, Mo.
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
906 S. Fulton /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage /
(If outside city or town limits, write "RURAL")
(d) Street No. 906 S. Fulton 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Edward Burns

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male / 5. Color or race White
6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Allie Burns
6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August 13 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 5
If less than one day hr. min.

9. Birthplace Mahaska County / Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business None

12. Name Theodore S. Burns

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

14. Maiden name Mary A. Armitstead

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

16. (a) Informant Mrs. Allie Burns

(b) Address 906 S. Fulton Carthage

17. (a) Burial (b) Date thereof 12-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)
Park Cemetery

(c) Place: burial or cremation

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 S. Barrison Carthage

19. (a) Dec. 20, 1941 (b) E. J. M. = Intue, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1941 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 15 1941 to Dec 18 1941
that I last saw him alive on Dec 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia. Duration 2 wks

Due to Chl. Nephritis 6 yrs
Hypertension 6 yrs

Due to Bkg. Myocarditis 6 yrs

Other conditions none

Major findings: Of operations none 1316

Of autopsy none

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?

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

23. Signature George H. Wood (M. D. Physician)

Address Carthage Mo Date signed 12/20/41

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

42-1-1097

JAN 19 1942

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 *John J. Penney*
Licensed Embalmer No. *41974*
P. O. Address *Carthage, 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.