

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Upland
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home 12424 Annie Baxter
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 2 mo.

3. (a) PRINT FULL NAME Frank Burrington
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Minnie E.
 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased May 14 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 13
 If less than one day hr. _____ min. _____

9. Birthplace Madison Wis.
(City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Frank Samuel Burrington

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town or county) (State or foreign country)

16. (a) Informant C. Burrington

(b) Address 2424 Annie Baxter, Joplin Mo.

17. (a) Removed (b) Date thereof 12-27-41
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place of burial or cremation Miami, Fla.

18. (a) Signature of funeral director Lane Funeral Home

(b) Address Miami, Fla.

19. (a) 12-27-41 (b) Ed S. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Okla (b) County Ottawa
 (c) City or town Miami
(If outside city or town limits, write "RURAL")
 (d) Street No. 15 mi West
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? None years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
 year 1941 hour 1:00 minute A.M.

21. I hereby certify that I attended the deceased from Dec 26, 1941, to Dec 27, 1941;
 that I last saw him alive on Dec 27, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Branchio Pneumonia

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: Chronic nephritis

Of operations _____

Of autopsy 1316

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) (e) Means of injury _____

23. Signature J. J. Anderson, M.D.
 Address Joplin Mo Date signed 12-27-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.