

FILED APR 20 1942

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

11252

Do not use this space.

## 1. PLACE OF DEATH

(a) County McDonaid Registration District No. 578  
 (b) Township Anderson R#2 Primary Registration District No. 5688 Registered No. 21  
 (c) City Anderson (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. RURAL 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 M 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 Ralph R Burr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
49 7 17

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) Newton Co.  
 (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Lincoln F. Ball  
Not known

14. BIRTHPLACE (CITY OR TOWN) 9  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Saran Durham

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

17. INFORMANT Ralph R. Burr  
 (ADDRESS) Anderson Mo R#2

18. BURIAL, CREMATION, OR REMOVAL PLACE Neesho Mo. DATE 3-7 1942

19. FUNERAL DIRECTOR (NAME) Fogge and Son  
 (ADDRESS) Wheaton Missouri

20. FILED Mar 7 1942 W. W. Mitchell  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 6 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1942 to Mar 6 1942  
 I last saw her alive on Mar 6 1942 Death is said

to have occurred on the date stated above, at 1.01 a.m.  
 The principal cause of death and related causes of importance were as follows:

Multiple Abcesses of Stom & Intest  
Diabetes U  
 Date of onset Dec 1941

Other contributory causes of importance: U

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? stomach exam 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 S. B. Burr M. D.  
 (Signed) Anderson Mo  
 (Address)

RECEIVED

District Health Officer No. 6,

District File Number 442-568

Date Filed APR 16 1942

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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 Wm. Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.**