S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11288

State File No.

Registration District No. 538

Primary Registration District No. 3028

Registrar's No. 21

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

062

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown Tun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison 062
(c) City or town Fredericktown 1
(If outside city or town limits, write "RURAL")
(d) Street No. 205 West College
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lucy A. Burns

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Joseph Edwin Burns

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased February (Month) 7 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	1	6	hr. min.

9. Birthplace Irondale (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business X

FATHER
12. Name William Walace Moody
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Elvira Josephine Hobbs
15. Birthplace Fayetteville (City, town, or county) Tennessee 1 (State or foreign country)

16. (a) Informant Mrs. William Mickel
(b) Address Fredericktown, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Stanley H. Dixon
(b) Address Fredericktown, Missouri

19. (a) March 16 1942 (Date received local registrar) (b) S. C. Sprague by C. D. Sprague (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 13th.
year 1942 hour 8:45 P.M. minute M.

21. I hereby certify that I attended the deceased from , 1942 to March 13, 1942
that I last saw her alive on March 8th, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	Few minutes
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature H. C. Slaughter (M. D. or other)
Address Fredericktown, Mo. Date signed 3-16-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 42-526
Date Filed 4-17-42

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address Fredericktown, 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.