S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24917

Registration District No. 250 Primary Registration District No. 5875 Registrar's No. 28

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

1. PLACE OF DEATH:
(a) County OREGON
(b) City or town "RURAL" MOORE TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PEACE VALLEY
(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 4 YEARS 6 MOS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County OREGON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. PEACE VALLEY,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LEROY BURROUGHS
3. (b) If veteran, name war SPANISH AMERICAN
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 LILLIAN CULLACOTT BURROUGHS
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased AUGUST (Month) 9, (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
67	11	27	hr. min.

9. Birthplace HOWELL COUNTY, (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business OWN FARM
FATHER
12. Name JOSEPH AARON BURROUGHS
13. Birthplace WARREN COUNTY, (City, town, or county) TENN. (State or foreign country)
MOTHER
14. Maiden name MARY CATHERINE ACREE
15. Birthplace WEAKLY COUNTY, (City, town, or county) TENN. (State or foreign country)
16. (a) Informant MRS. LILLIAN C. BURROUGHS
(b) Address PEACE VALLEY, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 9, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation DRIPPING SPRINGS CEM. HOWELL CO., MO.
18. (a) Signature of funeral director Joel Thomburgh
(b) Address WEST PLAINS, MO.
19. (a) 8/14 1942 (Date received local registrar) (b) Harry McWilliams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th. year 1942 hour 3:30 minute P.M.
21. I hereby certify that I attended the deceased from August 6, 1942 to August 6, 1942 that I last saw him alive on August 6th. 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	1 week
Due to: Edema of the lungs	2 week
Due to: Cirrhosis of the liver.	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 A. H. Thomburgh (M. D. or other) M.D.
Address West Plains, Missouri Date signed 8/7/42

25
8/7/42

(Licensed Embalmer's Statement on Reverse Side)

AUG 17 1947

SEP 6 1945

SEP 23 1945

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 Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, M

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.