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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia Mo
(c) Name of hospital or institution: University Hospitals
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 hrs - 50 min
In this community 20 hr 50 min (New born) (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pulman ⁸⁶
(c) City or town Unionville (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? No ¹ years.

3. (a) PRINT FULL NAME Burns, Baby Girl Karen
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7
year 1942 hour 13 minute 45 A.M.
21. I hereby certify that I attended the deceased from 6:35 P.M. July 6
July 6, 1942, to 3:45 A.M. July 7
that I last saw her alive on July 7 - 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced, Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 7, 1942
(Month) (Day) (Year)

Immediate cause of death Pre-maturity 6 1/2 ^{Duration} mo

8. AGE:	Years	Months	Days	If less than one day
	<u>20 hr</u>	<u>50 min</u>		

Due to Pre-mature delivery
Due to intrauterine spontaneous miscarriage of mother
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Columbia, Mo _____
(City, town, or county) (State or foreign country)

Major findings: Of operations 159
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____
11. Industry or business _____
12. Name Wm J. Burns
13. Birthplace Stahl, Missouri _____
(City, town, or county) (State or foreign country)
14. Maiden name Smith, Margaret Janet
15. Birthplace Lemo, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Father
(b) Address Unionville, Missouri
17. (a) Removal to Pathology Dept Date thereof July 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

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 _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 7-8-1942 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

23. Signature Maurice E. Cozart (M. D. or other) M.D.
Address Columbia, Mo Date signed July 7 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.....

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.