

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27053**
Registrar's No. **41**

Registration District No. **101**

Primary Registration District No. **4173**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Elizabeth Burris

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Johnson Burris 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 13 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 10 14 hr. min.

9. Birthplace Texas County, Near Mt. Grove, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

- MOTHER FATHER
12. Name John Handcox
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Lartha J. Kersey
15. Birthplace Al. (City, town, or county) (State or foreign country)

16. (a) Informant Charles R. Burris

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 5-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral H

(b) Address Ava, Missouri

19. (a) 9-5-42 (b) Shelma S. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Douglas **34**
(c) City or town Ava **6**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1942 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death

Crown Embolism

Due to

Chronic Myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 M. C. Gentry (M. D. or other) M.D.
Address Ava, Mo. Date signed 6-8-42

1056 (Licensed Embalmer's Statement on Reverse Side)

Dr. Norman

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.....

W.B. Hutchinson

Licensed Embalmer No.....

3437

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.