

FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20240

Registrar's No. 684

Registration District No. _____

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(c) Name of hospital or institution **1068 S. Ferguson**
(d) Length of stay: In hospital or institution **None**
In this community **14 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(d) Street No. **1068 S. Ferguson**
(e) If foreign born, how long in U. S. A.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **21st**
year **1942** hour **11:15** minute **A. M.**
21. I hereby certify that I attended the deceased from **Sept. 20, 1942** to **Sept. 21, 1942**
and that I last saw **her** alive on **Sept. 21, 1942**
and that death occurred on the date and hour stated above.
Immediate cause of death **chronic Pulmonary Tuberculosis**

Duration

5 yrs

Due to _____
Due to _____
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.

3. (a) PRINT FULL NAME **Nelle Burns**

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

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Carl Burns** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **February 1, 1909**
(Month) (Day) (Year)

8. AGE: Years **33** Months **7** Days **20** If less than one day hr. min.

9. Birthplace **Linn Creek, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **In Home**

12. Name **Arthur Scott**

13. Birthplace **Linn Creek, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Brula Blount**

15. Birthplace **Linn Creek, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Carl Burns**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **Sept 22 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **9-22-42** (b) **D. W. Handley**
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **T. M. King** (M.D. or other) **9/22/42**
Address **Springfield, Mo** Date signed **9/22/42**

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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 Wayne Hinkle
Licensed Embalmer No. 3444
P. O. Address Griffinville MD

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.

8.