

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED DEC 14 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Anderson
38241
Do not use this space.

1. PLACE OF DEATH
 (a) County Scott Registration District No. 333
 (b) Township Scott Primary Registration District No. 3074
 (c) City Scott (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rose Marie Burns
 (a) Residence, No. 0 St. 0 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 1942

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>5</u>		<u>9</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baby
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston Mo. 0

FATHER

13. NAME Rex Burns
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bestrand Mo.

MOTHER

15. MAIDEN NAME Rachel Woodford
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pine Bluff Ark.

17. INFORMANT (ADDRESS) Rex Burns Sikeston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston Mo DATE 7-17 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Welsh Funeral Home Sikeston Mo

20. FILED 11/26 1942 Louis Lupton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1942

22. I HEREBY CERTIFY, that I attended deceased from 7-15-42 to 7-16-42, 1942
 I last saw her alive on 7-16-42. Death is said to have occurred on the date stated above, at 2:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Glio-Colitis 7-1-42
119a
 Other contributory causes of importance: none
 Name of operation none Date of
 What test confirmed diagnosis? none Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? none Date of injury
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of Injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify M. G. Clyde M. D.
 (Signed) M. G. Clyde (Address) Sikeston Mo

1-318

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1242-1674

Date Filed 12-11-42

MAY 3 1958

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.....

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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, above space should be left blank.