

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40576

FILED JAN 11 1943

Registration District No. 277

Primary Registration District No. 5320

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Speed - In Palestine - Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(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 Mrs Sarah Dodson Burrell

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 Widowed

6. (b) Name of husband or wife G. W. Burrell 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased OCTOBER 12 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Rocheport Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name _____

18. Birthplace 9
(City, town, or county) (State or foreign country)

14. Maiden name _____
(City, town, or county) (State or foreign country)

15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Leonard Childs

(b) Address Speed - Mo

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

(c) Place: burial or cremation Walnut Grove

18. (a) Signature of funeral director Stegner - Koenig

(b) Address Boonville - Mo

19. (a) Dec-22-1942 (b) Int. Res. Rabian
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Cooper
(c) City or town Speed - Mo
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1942 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from July 10, 1940, to Dec 20, 1942, that I last saw her alive on Dec 10, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to myocarditis 1 year

Due to arteriosclerosis 4 years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none 938

Of autopsy none

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?

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

23. Signature T C Beckett M.D. (M. D. or other) _____

Address Boonville, Mo Date signed 12-20-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39

RECEIVED

District Health Officer No. 8,

.....

Filed 1-8-43

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Bronville, 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.