

FILED MAR 12 1943
Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County RANDOLPH
(b) City or town Moberly (109 S. WILLIAMS)
(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 Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County RANDOLPH
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 109 S. WILLIAMS (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mollie Burnham

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Mc Gee Burnham 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Aug 16 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 18 hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER { 12. Name STANLEY COULTER
13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)
14. Maiden name MARY JANE WRIGHT
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Burnham

(b) Address 109 S. WILLIAMS

17. (a) Dayland Burial (b) Date thereof Feb 7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dayland (Moberly)

18. (a) Signature of funeral director Happy Funeral Home

(b) Address Clarinet Mo

19. (a) 2-5-43 (b) Irma Hauer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th
year 1943 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from JANUARY 9th 1943 to FEBRUARY 4th 1943; that I last saw her alive on Feb 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death PARACARDITIS Duration 4 days

Due to DIABETIS 2 yrs

Due to 61

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
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?

23. Signature Benj. S. Jolly R.D. (Specify type of place) (e) Means of injury 1
Address 201 W. 1st Moberly Date signed 2-5-43

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

28
36
39

MAY 2 1943

RECEIVED

District Health Officer No. 10

District File Number 3-43-474

Date Filed MAR 10 1943

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 D. C. Hopper

Licensed Embalmer No. 4261

P. O. Address Clarence, 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, fact should be so stated above.