

No. 2
-1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10216

128
LED APR 12 1943

Registration District No. 2000

Registrar's No. 243

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SPRINGFIELD MO.

(c) Name of hospital or institution:
1415 N. DOUGLAS

(d) Length of stay: In hospital or institution.....

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE

(c) City or town SPRINGFIELD

(d) Street No. 543 N. Division

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME LULA E. BURGESS.

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 WIDOW

6. (b) Name of husband or wife H.M. BURGESS

6. (c) Age of husband or wife if alive Dec 14 1877

7. Birth date of deceased July 14 1877

8. AGE: Years 65 Months 8 Days 8

If less than one day hr. min.

9. Birthplace Wellington Kansas

10. Usual occupation House wife

11. Industry or business In home

12. Name W.E. Barr

13. Birthplace Unknown Unknown

14. Maiden name Unknown Unknown

15. Birthplace Unknown Unknown

16. (a) Informant Green Burgess

(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof March 23-1943

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J. W. Klingner

(b) Address SPRINGFIELD MO.

19. (a) 3-23-43 (b) D. W. E. Hantley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22

year 1943 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from October 14 1942 to March 22 1943

that I last saw her alive on March 20th 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Recto-Sigmoid Colon

Due to with Metastases to Liver

Due to.....

Other conditions (Include pregnancy within 3 months of death) H62

Major findings: Of operations.....

Of autopsy.....

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?.....

(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 J. W. Klingner (M. D. or other).....

Address Springfield Mo. Date signed 3/22/43

Duration 1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

984

(Licensed Embalmer's Statement on Reverse Side)

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.....

J. B. Klingner

Licensed Embalmer No.

3358

P. O. Address.....

Springfield, 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.