V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10512

Registration District No. 755 Primary Registration District No. 3127 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 601 N. Ball 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49 6
(c) City or town Webb City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 601 N. Ball
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charlotte Burris

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex F

5. Color or race W. 1

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife James Burris

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April (Month) 6 (Day) 1864 (Year)

8. AGE: Years 78 Months 11 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Tuscumbia (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business home

FATHER
12. Name Mark Colvin
13. Birthplace no data (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Martha Powell
15. Birthplace no data (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant Hus. James Burris
(b) Address Webb City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora, Mo. Maplewood

18. (a) Signature of funeral director Hedge Nelson
(b) Address Webb City, Mo.

19. (a) Mar. 8, 1943 (Date received local registrar) (b) Mrs. Lillie Eagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1943 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from February 25, 1943 to March 7, 1943
that I last saw her alive on March 6, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to	
Due to	
Other conditions: Chronic Myocarditis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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

23. Signature C. F. Grazzy (M. D. or other) DO
Address Webb City, Mo. Date signed 3/8/43

1190

(Licensed Embalmer's Statement on Reverse Side)

43-3-325

Gregory

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. [signature]

Licensed Embalmer No. 2859

P. O. Address [illegible]

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.