

ED MAR 16 1943 86

Registration District No. \_\_\_\_\_

Primary Registration District No. 4424

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

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town HUMANSVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 70 YEARS years, months or days

3. (a) PRINT FULL NAME JENNIE Elizabeth BURNS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife JACOB BURNS 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased APRIL 7 1858  
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MERCER Co. PENN. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name FRANCIS A. BALL

13. Birthplace MERCER Co. PENN. 1  
(City, town, or county) (State or foreign country)

14. Maiden name FANNIE JOHNSTON

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

16. (a) Informant Intendant Burns Tex.

(b) Address 4300 REAGANS PL DALLAS

17. (a) BURIAL (b) Date thereof FEB. 18-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HUMANSVILLE CEMETERY

18. (a) Signature of funeral director [Signature]

(b) Address Humansville, Mo.

19. (a) FEB. 17-43 (b) Ora M. Rich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Polk 84  
(c) City or town HUMANSVILLE 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16  
year 1943 hour 1 minute 30 a. M.

21. I hereby certify that I attended the deceased from Feb 14 1943 to Feb 16 1943  
that I last saw her alive on Feb 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 40hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions [Signature]  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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 Roscoe News (M.D. or other) M.D.

Address Humansville Mo Date signed 2-16-43

1189

RECEIVED

District Health Officer No. 7.

District File Number 2-4355

Date Filed 3-6-43

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.....

*by me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *E. H. Primm*

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.