

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13920

State File No.

Registrar's No. 8

FILED APR 19 1943

Primary Registration District No. 5174

1. PLACE OF DEATH:

(a) County Camden
(b) City or town rural--Adair township
(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 Jewell 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 0

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

7. Birth date of deceased March 19 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Jim Burns

13. Birthplace Camden Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Gia Cable

15. Birthplace Camden Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Jim Burns
(b) Address Barnumton, Mo.

17. (a) Burial (b) Date thereof 3-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clark Cemetary

18. (a) Signature of funeral director
(b) Address Barnumton, Mo.

19. (a) 3-23-43 (b) Mrs. A. R. Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden
(c) City or town rural--Adair Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1943 hour 11 PM minute 15 M.

21. I hereby certify that I attended the deceased from 3/19/43
1943 to March 22, 1943;
that I last saw her alive on March 22, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Aspiration of fluid at Birth

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) (c) Means of injury

23. Signature Dr. E. Briggs (M. D. or other) 10
Address Clinton Springs Date signed 3/23/43

RECEIVED
District Health Officer No. 74
District File Number 3-43-120
Date Filed 4-16-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13922
Registrar's No. 8

Registration District No. 49

Primary Registration District No. 5-174

1. PLACE OF DEATH:

- (a) County Cass
(b) City or town Rural
(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 years, months or days)

3. (a) PRINT
FULL NAME

Jewell Buss

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex 7 5. Color or race W
6. (a) Single, widowed, married, divorced 8
6. (b) Name of husband or wife
6. (c) Age of husband or wife if
alive years

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

8. AGE: Years Months Days If less than one day
min.

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

10. Usual occupation

11. Industry of business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director A. S. Cline

(b) Address Barnum - Mo.

19. (a) 6-15-43 (b) Mrs. A. P. Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 (M. D. or other)

Address Date signed

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

