

S. No. 2  
M-5-42  
5-17-39  
I X 3271

18368

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal

(c) Name of hospital or institution: St. Elizabeth  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hannibal

(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")

(d) Street No. 417 North Section  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth Ann Burnham

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 Married

6. (b) Name of husband or wife J. W. Burnham 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased May 29, 1865  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>9</u>	<u>25</u>	hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER {

12. Name Alfred Sims

13. Birthplace No Record  
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Sims

15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant W. C. Bonnell

(b) Address 417 North Section

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/43  
(Month) (Day) (Year)

(c) Place: burial or cremation LaPlata

18. (a) Signature of funeral director W. M. Smith

(b) Address 902 Broadway Hannibal Mo

19. (a) 3-25-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1943 hour 8 minute 05 A.M.

21. I hereby certify that I attended the deceased from March 18 1943 to March 24 1943  
that I last saw him alive on March 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular lesion  
Arteriosclerosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 131a

Major findings:  
Of operations.....

Of autopsy.....

Duration 7

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) (e) Means of injury Car

23. Signature W. M. Smith (M. D. or D. O.)  
Address Hannibal Mo Date signed March 25 43

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

454

1146

(Licensed Embalmer's Statement on Reverse Side)

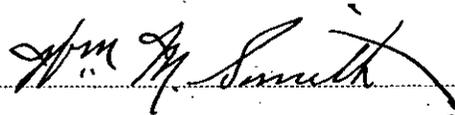
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**STATEMENT BY LICENSED EMBALMER**

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..... 1204

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.**