

FILED AUG 5 1943

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
1219 Faraon Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
In this community 30 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Nellie O'Brien Burri

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank Burri
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased January 10 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>4</u>	<u>26</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name David O'Brien
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Caulfield
15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Burri
(b) Address 1219 Faraon St., St. Joseph, Mo.
17. (a) Burial (b) Date thereof 6-8-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery Kansas City, Mo.
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 13th. & Faraon St., St. Joseph, Mo.
19. (a) 6-8-43 (b) Rose Stojan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1219 Faraon Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
year 1943 hour 1:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6/5, 1943, to 6/6, 1943
that I last saw her alive on 6/6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of ovary
due to general metastasis

Due to _____
Other conditions (Include pregnancy within 3 months of death) H ga

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? _____ (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 L. C. Bauman (M. D. or other) _____
Address 670 Stowers St. Joseph Date signed 6/9/43

Duration

8 Mon

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Geo. E. Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.