

SEP 7 1943 274

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

Primary Registration District No. 3052

Registrar's No. 257

1. PLACE OF DEATH:  
 (a) County Pettis  
 (b) City or town Sedalia  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Bothwell Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days Life

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pettis  
 (c) City or town Sedalia  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1802 S. 1st St  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Maude Bessie 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 2

6. (b) Name of husband or wife Robert M. Burns 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 7 1870  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Wreck

MOTHER FATHER {  
 12. Name \_\_\_\_\_  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name Delia Lyon  
 15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Parmelle

(b) Address Rainey city mo

17. (a) Burial (b) Date thereof 8-10-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 8/10/43 (b) Mr. Anna Berger  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th  
 year 1943 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from July 1st 1943 to August 8 1943  
 that I last saw her or alive on August 8 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Duration 2 1/2 days

Due to Nephritis 76

Due to Jaundice obstructive 2 1/2 mo.

Other conditions Cholelithiasis, impacted  
 (Includes pregnancy within 5 months of death)  
perforation, peritonitis

Major findings: peritonitis PHYSICIAN \_\_\_\_\_  
 Of operation No operation  
 Of autopsy perforation, peritonitis  
 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) No accident  
 (b) Date of occurrence Not by toxic cause  
 (c) Where did injury occur? No injury  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
No injury

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Dr. A. A. ... (M. D. or \_\_\_\_\_)  
 Address 112 W. Sedalia Date signed 8/9/43

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

80  
6  
4

Ed

Office No.

NUM

Date Filed

9-3-13

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia, 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.