

Registration District No. 360

Primary Registration District No. 3076

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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community Sixty Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County Vernon ¹⁰⁸

(c) City or town Nevada Mo ⁹
(If outside city or town limits, write "RURAL")

(d) Street No. 526 W. Hunter
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME NATHAN ALVIN BURRIS

MEDICAL CERTIFICATION

3. (b) If veteran, name war no

3. (c) Social Security No. no

20. DATE OF DEATH: Month 12 day 11
year 1943 hour 8 minute 0 - M.

4. Sex M. 5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

21. I hereby certify that I attended the deceased from DEC 7 1943 to DEC 11 1943,
that I last saw him alive on DEC 10 1943,
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____

Immediate cause of death Cerebral Hemorrhage

7. Birth date of deceased: Feb 27-1868
(Month) (Day) (Year)

Due to Hypertension

8. AGE: Years 75 Months 9 Days 14
If less than one day _____ hr. _____ min.

Due to _____

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

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation Jobber

Major findings: 83a!
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name Edwin Burris

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

14. Maiden name Rebecca Polkey

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

16. (a) Informant Alvin Burris

(b) Address Nevada Mo

17. (a) burial (b) Date thereof 12-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemet

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada Mo

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 J. H. Fove (M. D. or other) _____
Address Nevada Mo Date signed 12-14-43

Duration

4 Days

PHYSICIAN

Underline the cause to which death should be charged statistically.

1531

RECEIVED

District Health Officer No. 74

Certificate Number 11-43-1374

Date Filed 12-31-43

JAN 4 1944

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Wipe E. Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.