S. No. 2
M—2-43
5-17-39
X75697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10643

FILED APR 14 1944

Registration District No. [redacted]4107 Primary Registration District No. [redacted]4107 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Springs Mo
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town El Dorado Springs 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. 3.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles Burrus

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife Mary Burrus

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov 22 1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	3	26	hr. min.

9. Birthplace Cooper Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name M J. Burrus

13. Birthplace mo 0 (City, town, or county) (State or foreign country)

14. Maiden name Arneta Evans

15. Birthplace mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Burrus

(b) Address R 2 Miller, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Hope Dell cemetery

18. (a) Signature of funeral director Elmer Sides

(b) Address El Dorado Springs Mo

19. (a) 3/20/44 (Date received local registrar) (b) [signature] (Registrar's signature)

1046 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 19 year 1944 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 6 1944 to March 18 1944 that I last saw him alive on March 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Stenosis	
Chronic	
Due to Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92
Of autopsy No

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J W Richardson (M. D. or other)

Address Tipton Mo Date signed 3-20 1944

RECEIVED
District Health Officer No. 7,
District File Number 3-44-493
Date Filed 4-12-44

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 O B Sliders

Licensed Embalmer No. 3250

P. O. Address Eldorado Springs 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.