DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1944

Registration District No. 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10790

Primary Registration District No. 5319

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County: Cooper

(b) City or town: Otterville - Rural.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —
(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: Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cooper

(c) City or town: Otterville - Rural
(If outside city or town limits, write "RURAL")

(d) Street No.:
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Martha Clementine Burford

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: Widow

6. (b) Name of husband or wife: Geo. W. Burford

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

7. Birth date of deceased: Dec. (Month) 17 (Day) 1855 (Year)

8. AGE: Years 88 Months 2 Days 10 If less than one day hr. min.

9. Birthplace: Sade County, Mo. (City, town, or county) (State or foreign country) U

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Perrin De Lozier
13. Birthplace: W. Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: W. L. Burford

(b) Address: Otterville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Otterville Mo.

18. (a) Signature of funeral director: L. A. Parker

(b) Address: Otterville Mo.

19. (a) Mar 2 - 1944 (Date received local registrar) (b) Mrs. Wm. Robison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 27 year: 1944 hour: 3 minute: 40 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1947 to Feb 27, 1944 that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	2 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: Wm. L. Fogle (M. D. or other) MD

Address: Otterville Mo Date signed: 2/29 44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-6-44

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

Signed Lucius F. Parker

Licensed Embalmer No. 3840

P.O. Address Otterville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.