

Registration District No. 277

Primary Registration District No. 4372

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH

(a) County Madawaska
(b) City or town Burlington Junction
(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)
In this community life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madawaska
(c) City or town Burlington Junction
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME EDNA MAY IRVINE

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 widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 7 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 25 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel S. Hambleton
13. Birthplace Unknown Neb
(City, town, or county) (State or foreign country)
14. Maiden name Mary Wheeler
15. Birthplace Unknown Neb
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey J Irvine
(b) Address Burlington Jct Mo

17. (a) Burial (b) Date thereof Mar 5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burlington Junction, Mo

18. (a) Signature of funeral director Steady Swanson

(b) Address Staphins Mo

19. (a) Mar 5 1944 (b) Mrs W. Capulet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2
year 1944 hour 1 minute 30-P.M.

21. I hereby certify that I attended the deceased from Feb 26, 1944 to Mar 2, 1944; that I last saw her or alive on Feb. 26, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration 1 hr.

Due to Myocardial degeneration Yes

Due to Senility

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations none 93d
Of autopsy none

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? _____

While at work (Specify type of place) (a) Means of injury _____

23. Signature Harvey J. Irvine (M. D. or other) Dr
Address Crus Mo Date signed 3/7/44

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. *Margery*

Signed

Stanley Swanson

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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, above space should be left blank.