

FILED JUL 6 1944

Registration District No. _____

Primary Registration District No. _____

4121

Registrar's No. 5

1. PLACE OF DEATH:

- (a) County Billings Mo
- (b) City or town _____
(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) 11
- (d) Length of stay: In hospital or institution _____ (Specify whether _____)
- In this community _____ 4 months years, months or days

3. (a) PRINT FULL NAME Bonney Sue Burgess

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 0

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

7. Birth date of deceased Feb 22 1944
(Month) (Day) (Year)8. AGE: Years _____ Months 4 Days 15 If less than one day _____ hr. _____ min.9. Birthplace Billings Mo (City, town, or county) U (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name George A Burgess13. Birthplace Clark County, Mo (City, town, or county) (State or foreign country)14. Maiden name Clara Burgess15. Birthplace Claver Mo. U (City, town, or county) (State or foreign country)16. (a) Informant's own signature Geo A Burgess

(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17-44 (Month) (Day) (Year)(c) Place: burial or cremation Bradford18. (a) Signature of funeral director H J Hallack(b) Address Billings Mo19. (a) June 17-44 (Date received local registrar) (b) Mary D. Opens (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Christian
- (c) City or town Billings
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1944 hour 11 minute 55 P. M.21. I hereby certify that I attended the deceased from Feb 22, 1944, to June 16, 1944.
that I last saw her alive on June 16, 1944.
and that death occurred on the date and hour stated above.Immediate cause of death Congenital heart disease Duration 4 months

Due to _____

Due to _____

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

Major findings: Of operations 157 2

Of autopsy _____

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 Charles A Spiers (M. D. or other) MRAddress Billings, Missouri Date signed 6-17-44

RECEIVED

District Health Officer No. 6;

District File Number 774-782

Date Filed JUL 13 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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.