

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34161
State File No.

FILED OCT 19 1944

Registration District No. 707

Primary Registration District No. 5422

Registrar's No. 117

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

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Rural - Independence
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Surf
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
 In this community 8 Mos

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin
 (c) City or town Rural 35
(If outside city or town limits, write "RURAL")
 (d) Street No. R2 Kennett 9
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Dovie Ray BURN
 3. (b) If veteran, name war No
 3. (c) Social Security No. No. N/A
 4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Andrew Rayburn
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased June 1st 1894
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 4th
 year 1944 hour 3 minute 00 P M.
 21. I hereby certify that I attended the deceased from Aug 1
1944 to Sept 4 1944
 that I last saw her alive on Sept 3 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Carcinoma of uterus
2 years
 Duration

8. AGE: Years 50 Months 3 Days 3
 If less than one day hr. min.

9. Birthplace Hamilton Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER, FATHER {
 12. Name Hince, Cook
 13. Birthplace Cullman County Ala
(City, town, or county) (State or foreign country)
 14. Maiden name Non Brown
 15. Birthplace Randolph County Ala
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey Cook
 (b) Address Kennett, Mo R2 #2

17. (a) Removal (b) Date thereof 8-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Michael's Chh
 18. (a) Signature of funeral director German
 (b) Address Steele, Missouri 64421

19. (a) 9-5-44 (b) John Black
(Date received local registrar) (Registrar's signature)

Due to 48 hr
 Due to
 Other conditions 48 hr
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy
 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)
 (c) Means of injury 2
 23. Signature George R. G...
 Address Kennett Mo Date signed 9-5-44

RECEIVED

District Health Office No. 2,

District File Number 10-14-1388

Date Filed 10-12-44

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.....

Licensed Embalmer John St. Lemmer

P. O. Address 4355
Stell, Mo. Box 71

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.