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S. No. 2
M-8-13
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 15 1944

Registration District No. _____

Primary Registration District No. 5573

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Blue Springs (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
2 mi west Smialan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 60 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Blue Springs (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi west
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Strother Burrus

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 15 1884
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|----------|----------------------|
| <u>60</u> | <u>6</u> | <u>6</u> | hr. _____ min. _____ |

9. Birthplace Blue Springs Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farmer

MOTHER FATHER

12. Name J. W. Burrus

13. Birthplace Howard Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Tucker

15. Birthplace Benton Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Burrus

(b) Address Blue Springs Mo

17. (a) Burial (b) Date thereof 10-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director Wm. G. Blumh. & Son

(b) Address Blue Springs Mo

19. (a) 10-25-44 (b) Mrs. John Lawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1944 hour 3:35 minute 9 M.

21. I hereby certify that I attended the deceased from Oct 18 to Oct 22
Oct 22, 1944, to Oct 22, 1944
that I last saw him alive on Oct 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremic Coma ✓

Due to _____

Due to as above stated

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

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ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 John R. Crawford, M.D.
Address Blue Springs Mo Date signed 10-23-44

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

NOV 23 1953

FEB 5 1945

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 RB Webb

Licensed Embalmer No. 2353

P. O. Address Bluesprings 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.