

FILED NOV 28 1944

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Barren
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home Home - 300 Third
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barren
(c) City or town Monett - (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Sarah Lucretia Burns

3. (b) If veteran, name war 4 3. (c) Social Security No. 4

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife John Burns 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased Nov. 4 - 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife (Retired)

11. Industry or business Own Home

12. Name Elizabeth Browning

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Fry

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Burns
(b) Address Monett Mo

17. (a) Burial (b) Date thereof Nov. 6 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield River Cemetery

18. (a) Signature of funeral director E. H. Blauvelt
(b) Address Monett Mo

19. (a) Nov 6 1944 (b) Audna Willoughby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1944 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1 Oct
10 - 1944 to Nov 4 - 1944
that I last saw her alive on Nov 4 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Duration 1 year

Due to Atherosclerosis

Due to 930

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

(e) While at work? (Specify type of place) (f) Means of injury

23. Signature T. Ferguson (M. D. or other)

Address Monett Mo Date signed 11-6-44

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

RECEIVED
District Health Officer No. 6,
District File Number 1144-1252
Date Filed NOV 24 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 G. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.