

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 7 1944**  
128

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37742  
State File No. ....  
Registrar's No. **934**

Registration District No. .... Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Burge Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 mos. 15 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **245 S. National**  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **May Mercer Burnham**

(b) If veteran, name war **None** (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**  
7. Birth date of deceased **Dec. 26, 1888**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **11** Days **1** If less than one day hr. min.

9. Birthplace **Mich.** (City, town, or county) **Okla.** (State or foreign country)

10. Usual occupation **In Home**

11. Industry or business

MOTHER FATHER

12. Name **James L. Mercer**  
13. Birthplace **Mich.** (City, town, or county) **Ohio** (State or foreign country)  
14. Maiden name **Kathryn A. Clear**  
15. Birthplace **Mich.** (City, town, or county) **Lowell** (State or foreign country)

16. (a) Informant **Mr. Marvin Ward**  
(b) Address **Springfield, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 29, 1944**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral**  
(b) Address **Springfield, Missouri**

19. (a) **11-29-44** (Date received local registrar) (b) **W. W. Handley** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **27** year **1944** hour **8** minute **03 A.M.**

21. I hereby certify that I attended the deceased from **last 3 months**, 19 **24** to **11-27**, 19 **44** that I last saw her alive on **11-27-44**, 19 **44** and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Carcinomatosis, Origin not definitely known, probably ovarian**  
Due to **Ovarian**

Due to **Metastatic**  
Other conditions **Left pleural effusion and metastatic carcinoma**  
(Include pregnancy within 3 months of death)

Major findings: **carcinoma**  
Of operations **No.**  
Physician **J. J. A.**  
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?..... (b) Means of injury **Auto**

23. Signature **Edgard Engel** (Physician) **W. W. Handley** (Registrar)  
Address **Springfield, Mo.** Date signed **11-28-44**

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

DEC 19 1944

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**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, fact should be so stated above.**

X