

FILED FEB 10 1945

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 10.

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

1. PLACE OF DEATH:

(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 hrs.
In this community: 4 hrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Scott 100
(c) City or town: Sikeston 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 4th St 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: ELIZABETH J. BURNS

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: Married
6. (b) Name of husband or wife: Robert 6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: Jan 20 1870
(Month) (Day) (Year)

8. AGE: Years: 69 Months: 11 Days: 5 If less than one day: _____ hr. _____ min.

9. Birthplace: Shanectown Ill
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: Samuel Jamerson

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

14. Maiden name: Rose Lancaster

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

16. (a) Informant: Robert Burns

(b) Address: Sikeston Mo

17. (a) Burial (b) Date thereof: 12-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (c) Signature of funeral director: W. H. Phelps

(b) Address: Sikeston Mo

19. (a) 12-45 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month: Dec day: 25
year: 1944 hour: 8: minute: 40 A.M.

21. I hereby certify that I attended the deceased from 12/24 to 12/25 1944
that I last saw him alive on 12/24 and that death occurred on the date and hour stated above.

Immediate cause of death: Unhoblesal (Strangulated)

Due to: _____
Due to: _____

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

Major findings: 122 a
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? _____

While at work? _____ (Specify type of place)
(Or) Means of injury _____

23. Signature: [Signature] (M. D. or other) _____
Address: Cape Girardeau Mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 245-215

Date Filed 2-7-45

MAY 3 1958

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.