

FILED MAR 12 1948

Primary Registration District No. **2000**

Registrar's No. **150**

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

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: **Springfield Baptist Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ira Van Burns**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Ora Burns**

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **Nov. 2, 1867**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>77</b>	<b>3</b>	<b>20</b>	hr. min.

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

10. Usual occupation **farmer - merchant**

11. Industry or business

12. Name **William Franklin Burns**

13. Birthplace **UNK. S. Carolina**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary J. Barrist**

15. Birthplace **UNK. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. H. Higgins**

(b) Address **Holtway, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Feb. 23, 1948**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Peace Hill Cemetery**

18. (a) Signature of funeral director **Hutchison - Turpin**

(b) Address **Bolivar, Mo.**

19. (a) **2-23-48** (Date received local registrar)

(b) **W. R. Handley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **New Mexico** (b) County **Valencia**

(c) City or town **Grants**  
(If outside city or town limits, write "RURAL")

(d) Street No. **211**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **22**  
year **1945** hour **4** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **2/17**  
19**45** to **2/22**, 19**45**

that I last saw him alive on **2/22**, 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **uremia**

Due to **Cardiovascular renal disease**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12/10**

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) (e) Means of injury

23. Signature **Guy Callaway** (M. D. or other) **M.D.**  
Address **Springfield, Mo.** Date signed **2/23/48**

Duration **5d**

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....  
.....  
working under my personal supervision.

Signed..... *Wald to Lujan* .....  
Registered Apprentice No.....  
Licensed Embalmer No..... *3053* .....  
P. O. Address..... *Bolivar, 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.**