

FILED MAR 12 1945

Registration District No. 326Primary Registration District No. 6109Registrar's No. 7

1. PLACE OF DEATH:

(a) County Scottland
 (b) City or town Memphis Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: "Union Imp"
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Entire Life years, months or days)

3. (a) PRINT

FULL NAME Ida Caroline Bourn

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John D. Bourn
 6. (c) Age of husband or wife if alive 75 years
 Birth date of deceased Nov 25 1868
 (Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 19
 If less than one day hr. _____ min. _____

9. Birthplace Scottland Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business _____

12. Name Joseph Leeper
 13. Birthplace Sumner Co Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Caroline Stewart
 15. Birthplace Sumner Co Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant John D. Bourn(b) Address Memphis Mo17. (a) Burial (b) Date thereof Feb 15 1945
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Richland Cemetery18. (a) Signature of funeral director Earl Barker(b) Address Memphis Mo19. (a) Feb 24 1945 (b) Edwice Wilson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scottland
 (c) City or town Memphis Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 99
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
 year 1945 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Oct 10 1944 to 1/23 1945
 that I last saw her alive on 1/23 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
with Coronary
neurosis

Due to _____

Due to 93%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 _____

Where did injury occur? _____ (City or town) (County) (State)

Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature OT Baker (M. D. or other) _____Address Memphis Mo Date signed 2/14/45

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

1093

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number *3-45-469*

Date Filed *MAR 8 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.....

Fred York

Licensed Embalmer No. *42-56*

P. O. Address..... *Memphis*

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.