

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED MAR 8 1945
Registration District No. **360**

Primary Registration District No. **3076**

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

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Nevada, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Nevada Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Vernon
 (c) City or town Nevada (If outside city or town limits, write "RURAL.")
 (d) Street No. 1300 W. Cherry St. 1 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country D

3. (a) PRINT FULL NAME Edith Moore Burns
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 8
 year 1945 hour 11 minute 30 A. M.
21. I hereby certify that I attended the deceased from
Jan 13, 1945, to Feb 8, 1945
 that I last saw h. or alive on Feb 8, 1945
 and that death occurred on the date and hour stated above.

4. Sex F **5. Color or race** W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lee B. Burns
6. (c) Age of husband or wife if 74 years
 alive 74 years
7. Birth date of deceased April 29 1871
 (Month) (Day) (Year)

Immediate cause of death Coronary occlusion **Duration** 26 da.
Due to General arteriosclerosis

8. AGE: Years 73 Months 7 Days 9 hr. _____ min. _____
9. Birthplace Lees Summit, Mo. (City, town, or county) (State or foreign country)

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
 Of operations _____
 Of autopsy _____

10. Usual occupation House wife
11. Industry or business _____
12. Name John Jasper Moore
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Margaret Jane Bryant
15. Birthplace Missouri (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Edith Burns
(b) Address Nevada, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Wheeler Woodlawn
18. (a) Signature of funeral director Edith Burns
(b) Address Nevada, Mo.
19. (a) 2-20-45 (Date received local registrar) (b) Fazel B. Beurick (Registrar's signature)

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 F. L. Martini (M. D. or other) MD
Address Nevada Mo **Date signed** 2/12/45

NOV 4 1949

RECEIVED

Death Officer No. 7,

Death File Number 2-45-167

Date Filed 3-7-45

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

Marsh Lechinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.