

**FILED JUN 11 1945**

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5594

Registrar's No. 16-67

1. PLACE OF DEATH:  
 (a) County Jefferson  
 (b) City or town Rural Meramec Twp  
 (c) Name of hospital or institution Emma Mo RR#1  
 (d) Length of stay: In hospital or institution 5 years  
 In this community 5 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Jefferson  
 (c) City or town Rural  
 (d) Street No. Emma Mo RR#1  
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CARRIE ETHEL BURNS  
 (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 SINGLE  
 (b) Name of husband or wife NONE  
 (c) Age of husband or wife if alive years  
 7. Birth date of deceased AUG - 10 - 1884

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>9</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace WARSAW ILL

10. Usual occupation OFFICE WORKER

11. Industry or business CLERICAL WORK IN OFFICE

12. Name BENJAMIN F BURNS

13. Birthplace BEARDSTOWN ILL

14. Maiden name MARGARET ANN BYRON

15. Birthplace TROY NEW YORK

16. (a) Informant Margaret M Burns

(b) Address Emma Mo RR#1

17. (a) DEORIA ILL (b) Date thereof 6/5/45

(c) Place: burial or cremation Deoria - Ill

18. (a) Signature of funeral director J. J. Cummings

(b) Address House Springs Mo

19. (a) 2 Jun 1945 (b) J. A. Townsend

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month JUNE day 2nd year 1945 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from never to \_\_\_\_\_ 19\_\_\_\_\_ that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Natural Cause  
Jury Verdict

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None  
 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? \_\_\_\_\_  
 (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 Edouard Edwards (M. D. or other) 3 corner  
 Address Edouard Edwards Date signed 6/2/45

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

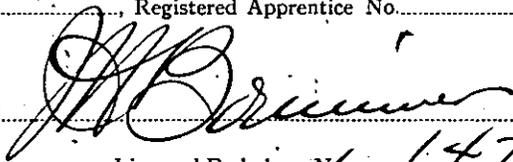
MOTHER FATHER

NOV 28 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.....



Licensed Embalmer No.....

1470

P. O. Address.....

House Springs, 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.**