V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20731

Registration District No. 176 Primary Registration District No. 4278 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Miller
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Native
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Miller
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lourera Burney
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~~ W. S. Burney
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 8 (Month) - 11 (Day) - 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	9	19	..... hr. ..... min.

9. Birthplace Greene Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation house wife
11. Industry or business .....
FATHER
12. Name R. E. Hudgings
13. Birthplace Greene Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Cordelia Wilson
15. Birthplace Greene Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant W. S. Burney
(b) Address Miller Mo.
17. (a) Burial Grove (Burial, cremation, or removal) (b) Date thereof 6-1-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove
18. (a) Signature of funeral director Morris Lemar
(b) Address Miller Mo.
19. (a) May 11 - 45 (Date received local registrar) (b) Anna Whitney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1945 hour 6 minute 50 A. M.
21. I hereby certify that I attended the deceased from May 30, 1945, to May 30, 1945 that I last saw h E alive on May 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Ill - only a few minutes

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

94 ck

Duration

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

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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature W. S. Burney (M. D. or other) .....
Address Miller Mo. Date signed 6-7-45

1182

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 645.720
Date Filed JUN 19 1945

SEP 22 1950

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 G. R. Leeman

Licensed Embalmer No. 3297

P. O. Address Miller 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.