. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34893

Registration District No. 360 Primary Registration District No. 3026 Registrar's No. 123

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Nevada (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 528 South Main (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Vernon 10K

(c) City or town: Nevada (If outside city or town limits, write "RURAL") 1

(d) Street No.: 528 South Main (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 3

If yes, name country ____

3. (a) PRINT FULL NAME: Mona Ann Burris

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex: F 1 5. Color or race: W 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: February (Month) 13 (Day) 1869 (Year)

8. AGE: Years 76 Months 8 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace: Hewitt Co. (City, town or county) Illinois (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business ____

FATHER 12. Name: Elihu Pettiban

FATHER 13. Birthplace: unknown (City, town, or county) a (State or foreign country)

MOTHER 14. Maiden name: "

MOTHER 15. Birthplace: " (City, town, or county) a (State or foreign country)

16. (a) Informant: Mrs John Sheridan

(b) Address: 528 S. Main St Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 17 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Deerfield, Mo.

18. (a) Signature of funeral director: Feeley Funeral Home

(b) Address: Nevada, Mo.

19. (a) 10-24-45 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16 year 1945 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Oct 13, 1945, to Oct 16, 1945 that I last saw him alive on Oct 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration: Dont Know.

Due to: Dont Know.

Due to: ____

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

Major findings:
Of operations: None
Of autopsy: None

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? ✓ While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature: W. B. Love (M. D. or other)

Address: Nevada Mo Date signed Oct 16 1945

1499 (Licensed Embalmer's Statement on Reverse Side)

REC[illegible]
Distr[illegible] Officer No. 7,
District File Number 10-45-1067
Date Filed 11-7-45

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1760

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.