. S. No. 2
DM—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 DEC 17 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37173

Registration District No. 129 Primary Registration District No. 5467 Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town ~~Willard~~ Robinson Rd
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R. F. D. # 2
(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 Mo. (b) County Greene
(c) City or town Willard
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 2.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN MACK BURROW

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dovie Burrow
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Sep. (Month) 5 (Day) 1876 (Year)

8. AGE: Years 89 Months 3 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business Farming

FATHER
12. Name Isaac Burrow
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lutetia Ryan,
(b) Address Willard Mo. R. F. D # 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Wesley Chapel Cem.
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) Dec. 12, 1945 (Date received local registrar) (b) Mrs. Herman White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6 year 1945 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 5, 1945, to Dec. 6, 1945 that I last saw him alive on Dec. 5, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	
Due to	
Due to	
Other conditions Chr. degenerative cardio-vascular dis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 33 15

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 Arthur D. Knapp (M. D. or other) MD
Address 450 1/2 E. Cowell Date signed 12-7-45

1253

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 45-12-94
Date Filed 12-15-45.

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 Roy A. Cavin

Licensed Embalmer No. 1763

P. O. Address Springfield 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.