

FILED JAN 12 1946

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 317

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
White Conv Hosp 4
(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 Howard

(c) City or town Rockport
(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 John Levy Burroughs

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 - 45
year 1945 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from Nov 18 to Nov 24, 1945
that I last saw him live on Nov 24, 1945
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 17 - 1856
(Month) (Day) (Year)

Immediate cause of death Pneumonia

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

89 8 19 hr. min.

9. Birthplace: Boone Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Levy Burroughs

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Martha Evans

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs John Burroughs

(b) Address Rockport Mo

17. (a) Burial (b) Date thereof Dec 8-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockport Mo

18. (a) Signature of funeral director Wadsworth & Boller

(b) Address Boone Co Mo

19. (a) Dec 10 1945 (b) Mrs R E Palmer
(Date received local registrar) (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 J B Williams M. D. or other) _____

Address Columbia Date signed 12/7/45

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

1-1-46

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.

P. O. Address.....

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.