FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 16 1948
Registration District No. 96

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
DELAYED
Primary Registration District No. 5351

State File No. 2543A
Registrar's No. 84

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

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Rural T.S. Miller
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede
(c) City or town Eldridge
(If outside city or town limits, write "RURAL")
(d) Street No. Genl Del.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sally Jane Burney
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wesley E. Burney
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased March (Month) 24 (Day) 1921 (Year)

8. AGE: Years 24 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name W. C. Kincaid
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 W. C. Kincaid
(b) Address Eldridge, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/46 (Month) (Day) (Year)
(c) Place: burial or cremation Hough Cemetery
18. (a) Signature of funeral director Palmers
(b) Address Lebanon, Mo.
19. (a) 11/14/48 (Date received local registrar) (b) Mrs J. B. Jones (Registrar's signature) CDTA

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 9th year 1946 hour 4 minute 30p M.
21. I hereby certify that I attended the deceased from ..., 19..., 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 Drowned in flooded river (Niangua River) Duration
Due to 25 Mile N.E. Buffalo Mo
Due to Buggy turned over
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 183
Of autopsy 36
PHYSICIAN
Underline the cause of death should be defined statistically.
ADDITIONAL SUPPLEMENTARY INFORMATION

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 [illegible] Coroner (M. D. or other)
Address Buffalo Mo Date signed Nov. 12 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 10-48-1326
Date Filed 11-15-48

NOV 26 1948

NOV 24 1948

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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.

2543A

MENT OF COMMERCE
EAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dee

n District No. 96 Primary Registration District No. 5351 Registrar's No. 84

E OF DEATH:

y Dallas

r town Rural
(If outside city or town limits, write "RURAL" and name of township)

of hospital or institution:

(If not in hospital or institution, write street number or location)

h of stay: In hospital or institution (Specify whether

nmunity
ths or days)

INT
ME Sally J. Burney

eteran, 3. (c) Social Security

ne war No.

F	5. Color or race W	6. (a) Single, widowed, married, divorced m

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

ate of deceased March 24 92
(Month) (Day) (Year)

Years	Months	Days	If less than one day
24	9		hr. min.

ce (City, town, or county) Ky (State or foreign country)

cupation

or business

ne

hplace (City, town, or county) (State or foreign country)

den name

hplace (City, town, or county) (State or foreign country)

rmant

ress

(b) Date thereof
urial, cremation, or removal) (Month) (Day) (Year)

e: burial or cremation

ature of funeral director

ress

(b)
received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(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 (M. D. or other)

Address Date signed

SUPPLEMENTARY