

No. 2
5-43
5-17-39
1 X36871

FILED JAN 28 1946
Registration District No. _____

Primary Registration District No. **4338**

1. PLACE OF DEATH:

(a) County **MONROE**

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

(c) Name of hospital or institution:
311 N VINE STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **4 Years**
years, months or days

3. (a) PRINT FULL NAME **HANNAH ANN BURNS**

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 **WIDOWED**

6. (b) Name of husband or wife **JAMES THOMAS**

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

7. Birth date of deceased **JANUARY 2 1854**
(Month) (Day) (Year)

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

91 II I6 hr. _____ min.

9. Birthplace **SCHUYLER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

MOTHER FATHER

12. Name **HARDEN GRAVES**

13. Birthplace **Howard Co., Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Brilla Myrtle**

15. Birthplace **Howard Co., Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred L. Burns**

(b) Address **MONROE CITY, MO**

17. (a) **REMOVAL** (Burial, cremation, or removal) (b) Date thereof **12/16/45**
(Month) (Day) (Year)

(c) Place: burial or cremation **I.O.O.F. LANCASTER**

18. (a) Signature of funeral director **WILSON & SONS**

(b) Address **MONROE CITY, MO**

19. (a) **Dec 19, 1945** (Date received local registrar) (b) **Chas. L. Liles** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE 69**

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

(d) Street No. **311 N. VINE STREET**
(If rural, give location) **0**

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **18th**
year **1945** hour **II** minute **A.** M.

21. I hereby certify that I attended the deceased from **Sept 20 1943** to **DECEMBER 18 1945**
that I last saw her alive on **DECEMBER 1 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **CHRONIC MYOCARDITIS** **20 yrs**

Due to **CHRONIC VALVULAR HEART DISEASE** **40 yrs**

Due to _____

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

Major findings: Of operations _____

Of autopsy **928**

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 **John H. Gibbs** (M. D. or other) **12/19/45**
Address **Monroe City, Missouri** Date signed _____

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

100043

RECEIVED

District Health Officer No. 10

District File Number 1-46-193

Date Filed JAN 26 1946

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 Lucia L. Wilson

Licensed Embalmer No. 3014

P. O. Address Moore City, 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.