

Registration District No. **157**

Primary Registration District No. **3028**

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
M. C. Brooks
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)

In this community 70 years

3. (a) PRINT FULL NAME Lizzie Tessora Burel

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 Olis E Burel

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb 5 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 12 If less than one day 0 hr. 0 min.

9. Birthplace Cicero Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name John Poland

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

14. Maiden name Adeline Morris

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

16. (a) Informant L. L. Burel

(b) Address Carthage Mo.

17. (a) Burial (b) Date thereof 5-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral

18. (a) Signature of funeral director Edellmar

(b) Address Carthage

19. (a) 5-20-46 (b) R. B. Clinton St
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper

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

(d) Street No. 321 N Harrison
(If rural, give location)

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

If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 10 1946 to May 18 1946
that I last saw h. alive on May 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Duration year

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 93d

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)

(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 NE Bond (M. D. or other) 5-18-46
Address Carthage Date signed

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46-5-418

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..... *Edle...*

Licensed Embalmer No. *2222*

P. O. Address. *Carthage*

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.