

FILED NOV 6 1946  
Registration District No. 62

Primary Registration District No. 5240

Registrar's No. 42

## 1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Washington Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: XXXXXX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XXXXXX  
(Specify whether years, months or days) All of life

3. (a) PRINT  
FULL NAMECLARA BELL BURNS

## 3. (b) If veteran,

name war

XXX

## 3. (c) Social Security

No.

XXX

4. Sex M / 5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Lawrence A. Burns  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased October 14, 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 0 12 X hr. X min.

9. Birthplace Cedar Springs, St. Clair Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XXXXXXX

MOTHER FATHER { 12. Name Robert L. Crane  
13. Birthplace Cedar Springs, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Ellerman  
15. Birthplace St. Clair Co., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant L. A. Burns  
(b) Address Stockton, Missouri  
17. (a) Burial (b) Date thereof 10-28-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Harriman Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE  
(b) Address Stockton, Missouri

19. (a) 11-2-46 (b) Geneva Garrison  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar  
(c) City or town Washington Township--Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. XXXXXXX  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country XXXXXXXX

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 26  
year 1946 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from 10-16, 1946, to 10-26, 1946  
that I last saw her alive on 10-24, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death

Mitral Stenosis  
+ shock  
fractured rib

Due to

Mo.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

ADDITIONAL  
SUPPLEMENTARY  
INFORMATION  
REQUESTED

Duration

 yrs. mos. days.

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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

(a) Accident, suicide, or homicide (specify) 93  
(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)

(a) Means of injury

23. Signature Wm. B. Butler (M. D. or other)Address Stockton, Mo. Date signed 10-29-46

RECEIVED

District Health Officer No. 7;

10-46-204

Date filed 11-6-26

### 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 Melvin Chivers

Licensed Embalmer No. 3272

P. O. Address St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Nov

Registration District No.

62

Primary Registration District No.

5246

Registrar's No.

42

## 1. PLACE OF DEATH:

- (a) County Cedar  
(b) City or town Washington  
(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

(Specify whether

In this community  
years, months or days)3. (a) PRINT  
FULL NAMEClara B. Burn

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 W

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive

7. Birth date of deceased
- Oct 14 1888
- 
- (Month) (Day) (Year)

8. AGE: Years 63 Months Days  
Less than one day  
hr. min.

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

10. Usual occupation

11. Industry or business

12. Name  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country)

- (a) Informant  
(b) Address

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

Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (Date received local registrar) (b) (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 Nov Day 24  
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from  
to  
that I last saw him alive on  
and that death occurred on the date and hour stated above.  
Immediate cause of death

Duration

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 sta-  
tistically.

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

- (a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 10-16-46  
(c) Where did injury occur? St. Cla Mo.  
(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 Wm. B. Richter (M. D. or other)  
Address Stockton, Mo. Date signed 11/14/46

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