

No. 2
 1-13
 5-17-39.
 X37823

FILED DEC 16 1946
 Registration District No. 26

Primary Registration District No. 2004

Registrar's No.

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.
 In this community Iola Burrows years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Lawrence
 (c) City or town Pierce City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 405
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Iola Burrows
 3. (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 28 year 1946 hour 2 minute 45 M.

4. Sex Female
 5. Color or race W
 6. (a) Single, widowed, married, divorced 9
 6. (b) Name of husband or wife N.M.O.
 6. (c) Age of husband or wife if alive years 6
 7. Birth date of deceased: November 20 1883
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 28 1946 to Nov 28 1946 that I last saw her alive on Nov 28 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 8 Days 5 If less than one day hr. min.

Immediate cause of death: Coronary Thrombosis
 Duration 6 days
 Due to Arterio Sclerosis

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

Other conditions: (Include pregnancy within 3 months of death)
 Major findings: Of operations: 83A
 Of autopsy:
 PHYSICIAN: Underline the cause to which death should be charged statistically.

10. Usual occupation: Housewife
 11. Industry or business

MOTHER FATHER
 12. Name: Arch Leonard
 13. Birthplace: Va.
 14. Maiden name: Miller Gallagher
 15. Birthplace: Va.

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) Means of injury

16. (a) Informant: H. L. Leonard
 (b) Address: Joplin Mo.
 17. (a) (b) Date thereof: 11-30-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Pierce City Mo.

23. Signature: H. L. Leonard (M. D. or other)
 Address: Joplin Mo. Date signed: 11-28-46

18. (a) Signature of funeral director: W. S. Reed
 (b) Address: Pierce City Mo.
 19. (a) 11-29-46 (b) E. D. Jones
 (Date received local registrar) (Registrar's signature)

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

46-11-1072

ON E
-MS

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.

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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(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 _____ (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME Dola Burrows

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 _____

6. (b) Name of husband or wife not obtainable 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Nov 20 1908
(Month) (Day) (Year)

8. AGE: Years 63 Months _____ Days _____ If 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)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date 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 _____ Year 1946 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

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 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 _____ (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY UNFADING BLACK INK—MAKE A FINGERPRINT RECORD

SUPPLEMENTARY

37404