

FILED APR 4 1947

State File No. _____

Registration District No. 130

Primary Registration District No. 5468

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rogersville, Rural
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Rogersville, Rural
(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 _____

3. (a) PRINT FULL NAME Roy Everett Burr

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced SD
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years
7. Birth date of deceased Feb. 9 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Greene Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Joe Burr
13. Birthplace Texas Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Arlic CUNNINGHAM
15. Birthplace Greene Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Burr, FATHER

(b) Address Rogersville, Mo. R#3

17. (a) BURIAL (b) Date thereof MAY 23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmetto Cem.

18. (a) Signature of funeral director Kelley-Perrell-Berghorn

(b) Address Rogersville Mo.

19. (a) Mes-27-47 (b) Larry C. Gries
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1947 hour 10 minute 20 p. M.

21. I hereby certify that I attended the deceased from _____
No physician in attendance
that I last saw him alive on about Sept, 1946
and that death occurred on the date and hour stated above

Immediate cause of death Not known but likely malnutrition
Due to Severe hydrocephaly since birth.

Other conditions Hydrocephaly; Severe.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 157A

Duration _____
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 James P. Amos (M. D. or other) MD
Address Springfield, Mo. Date signed 3-24-47

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This Body was not Embalmed

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.