

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19957

State File No.

Registration District No. 274

Primary Registration District No. 4548

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Warth
(b) City or town Warth
(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 47 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Katie Miller 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 married
6. (b) Name of husband or wife Marion Leri Burns 6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased March 10 1877 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name James Miller

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

14. Maiden name Maggie McCrary

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

16. (a) Informant Bertha Burns

(b) Address Grant City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Grant City

18. (a) Signature of funeral director Arch C. Dumble

(b) Address Grant City, Mo

19. (a) May 7 1947 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warth
(c) City or town Warth (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1947 hour 2 minutes 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 Compound injuries, received in an auto, Mo. Torpedo 3 miles Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

(a) Accident, suicide, or homicide (specify) 113

(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? None

While at work? (Specify type of place) (e) Means of injury Torpedo

23. Signature Arch C. Dumble (M.D. or other) Car

Address Grant City, Mo. Date signed 5-3-47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Jack C. Dingle

Licensed Embalmer No. *37252*

P. O. Address *Hunt 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.