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

U. S. No. 2
DM—8-43
Vt. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19958

Registration District No. 374 | Primary Registration District No. 4548 | Registrar's No. 43

1. PLACE OF DEATH:

(a) County Worth

(b) City or town Worth
(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 years, months or days)

In this community 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth 113

(c) City or town Worth 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Marion Levi Burns

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 married

6. (b) Name of husband or wife Katie Miller Burns

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

7. Birth date of deceased October (Month) 21 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
69	6	8	hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Thomas Burns

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

14. Maiden name Mary Ellen Smith

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

16. (a) Informant Bertha Burns

(b) Address Grant City, Mo

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

(c) Place: burial or cremation Grant City, Mo

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

(b) Address Grant City, Mo

19. (a) May 7-1947 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature) 211

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Compound expunder received in Worth, Mo. Tornado	3 min
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) 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? Home (Specify type of place)

While at work? (e) Means of injury tornado

23. Signature Arch C. Dunlee (M. D. or other) 3

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

(Licensed Embalmer's Statement on Reverse Side)

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 Jacob C. Beindel

Licensed Embalmer No. 3252

P. O. Address Grant 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.