

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED NOV 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 323

Primary Registration District No. 4478

Registrar's No. 108

1. PLACE OF DEATH:
 (a) County Schuylers
 (b) City or town Lancaster
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 70ms
(Specify whether
 In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Schuylers
 (c) City or town Lancaster 98
(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 LUCETTA BELLE BURNS
 3. (b) If veteran, ✓ name war _____
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 25
 year 1947 hour 7:45 minute P M.
 21. I hereby certify that I attended the deceased from Oct 22
1947, to Oct 25, 1947
 that I last saw her alive on Oct 25, 1947, 1947
 and that death occurred on the date and hour stated above.

4. Sex FE 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Marlon Burns
 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased Mar 14 1872
(Month) (Day) (Year)

Immediate cause of death
Lobar Pneumonia
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Schuylers MO
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business _____
 12. Name Michael Shelton
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Agnes Shelton
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Ford
 (b) Address Blumwood Jno.
 17. (a) Burial (b) Date thereof Oct 18 47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Arms

18. (a) Signature of funeral director P. Henton
 (b) Address Lancaster MO
 19. (a) Oct 31 47 (b) Mrs. D. H. Drake
(Date received local registrar) (Registrar's signature)

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?

(Specify type of place)
 While at work? _____ (c) Means of Injury L
 23. Signature R. E. Vaughan (M. D. or other) DO
 Address Lancaster, MO Date signed Oct 25
1947

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

NOV 13 1947

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.....

P. J. Stanton....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
P. J. Stanton

Licensed Embalmer No. *3705*

P. O. Address *Jonestown M.D.*

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.