

FILED DEC 30 1947

Registration District No. **1.55**

Primary Registration District No. **5579**

Registrar's No. **200**

1. PLACE OF DEATH:

(a) County **JASPER**
(b) City or town **PURCELL**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **MINERAL TOWNSHIP; RURAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **24 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper 49**
(c) City or town **Purcell**
(If outside city or town limits, write "RURAL")
(d) Street No. **RUR. L; MINERAL TOWNSHIP.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **IDA MAE BURRESS**

3. (b) If veteran, name war **no**
3. (c) Social Security No. **NONE**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **W. R. BURRESS** 6. (c) Age of husband or wife if alive **---** years
7. Birth date of deceased **FEBRUARY 7 1869**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	10	18	hr. _____ min.

9. Birthplace **UNKNOWN ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

12. Name **Andrews**
13. Birthplace **UNKNOWN 9**
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **UNKNOWN 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. R. BURRESS**
(b) Address **PURCELL, MO**

17. (a) **BURIAL** (b) Date thereof **Dec 28 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **PURCELL, MO**

18. (a) Signature of funeral director **KneLL Mortuary**
(b) Address **Carthage, Mo.**

19. (a) **DEC. 27, 1947** (b) **R. J. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **25**
year **1947** hour **6:45** minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death **Chronic Myocarditis**
Nephritis

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN **[Signature]**
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: **ADDITIONAL SUPPLEMENTARY INFORMATION**
(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? _____ (Specify type of place)

23. Signature **[Signature]** (M. D. or other)
Address **3114 [Address]** Date signed **12/24/47**

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

MOTHER FATHER

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 _____

Louis R. Knell

Licensed Embalmer No. 4464

P. O. Address Carthage

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan 200
Registrar's No. 200

Registration District No. 10 d Primary Registration District No. 5579

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Purdell
(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)

3. (a) PRINT FULL NAME Ida Mae Bures

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 wid

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

7. Birth date of deceased Feb 7 1892
(Month) (Day) (Year)

8. AGE: Years 78 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace _____ (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 _____ Day _____
year 1942 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 _____

Chronic Nephritis

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) _____
(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? _____

23. Signature W. H. Druffell (M. D. or other) _____
Address 3174 Poplar Date signed 1/19/48

SUPPLEMENTARY

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

MOTHER FATHER

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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