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State File No. _____

Registration District No. _____

Primary Registration District No. 5788

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Deventer, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 40 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Deventer, Mo.
(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 _____

3. (a) PRINT FULL NAME JAMES BURNS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1947 hour 7:15 minute A. M.

4. Sex male

5. Color or race white

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Dec. 26 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1943 to Dec 29 1947
that I last saw him alive on Dec 29, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>		<u>3</u>	hr. min.

Immediate cause of death:
Coronary Thrombosis 1 hour
capitulum

9. Birthplace: Belmont Mo.
(City, town, or county) (State or foreign country)

Due to Chronic Myocardial
degeneration 4 yrs

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

10. Usual occupation Farming

Major findings:
Of operations _____

Of autopsy _____

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

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Ollie Lewis

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

16. (a) Informant Ollie James Burns

(b) Address Deventer, Mo.

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

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

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Dec. 31, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berkley, Ky.

(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? _____

18. (a) Signature of funeral director Wavis Shelby

(b) Address East Prange Mo.

19. (a) 12-31-47 (b) Bertrude G. Harper
(Date received local registrar) (Registrar's signature) 1947

While at work? _____ (Specify type of place)

(c) Means of injury 2

23. Signature P. P. Fenton (M.D. or other)
Address Wyatt, Mo. Date signed 1-6-48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 248-29

Date Filed 2-25-4

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.....

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address... East Prairie, 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.