

National Office of Vital Statistics
FILED FEB 4 1948
Registration District No. 200

Primary Registration District No. 200

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
217 W. 42nd St. /
(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 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 217 W. 42nd St.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Guy J. Burris

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Eulah Burris

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

7. Birth date of deceased Dec. 13 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	--	24hr.min.

9. Birthplace Coffeyville Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry of business.....

12. Name No record

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

14. Maiden name No record

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

16. (a) Informant Eulah Burris

(b) Address 217 W. 42nd St. Joplin

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

(c) Place: burial or cremation Coffeyville, Kans

18. (a) Signature of funeral director Ford Funeral Home

(b) Address Coffeyville, Kansas

19. (a) 1-9-48 (b) Robert Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1948 hour 6: minute 15 P. M.

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

Immediate cause of death Coronary Occlusion

Due to.....

Due to.....

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

Major findings: QWA

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?.....

While at work?..... (Specify type of place)

Signature Dr. J. H. ... (Specify type of signature)

Address 217 W. 42nd St. Joplin Date signed 1/8/48

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

14
2
5

48-1-52

MAY 5 1948

APR 23 1948

FEB 5 1948

FEB 26 1948

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.