S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13080

FILED MAY 5 1948

Registration District No. 156 Primary Registration District No. 2001 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: 2413 Willard (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 2413 Willard (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARY VALENTINE BURRIS
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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 1 (Day) 1873 (Year)

8. AGE: Years 74 Months 8 Days 11 If less than one day hr. min.

9. Birthplace Indian Territory (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name William Britton
13. Birthplace Louisiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Ellen Doss
15. Birthplace Windsor (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant John Burris-Son
(b) Address 2409 Willard
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery
18. (a) Signature of funeral director Thornhill-Dillon Mort.
(b) Address 305 W 4th Street, Joplin, Mo.
19. (a) 4-16-48 (Date received local registrar) (b) Dolores Lamphins Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1948 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from 10-28-47, 19, to 3-19, 1948 that I last saw her alive on 3-19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchiectasis	5 yrs
Due to	
Due to	
Other conditions Arthritis deformans (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Eugene H. Hamilton (M. D. or other) M.D.
Address Joplin, Mo Date signed 4-15-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-4-363

MAR 25 1954

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 Jesse Owen Sullins, Registered Apprentice No. 99, working under my personal supervision.

Signed Cecil A. Rambler

Licensed Embalmer No. 3590.

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.