S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15870

Registration District No. 100 | Primary Registration District No. 3018 | Registrar's No. 35

1. PLACE OF DEATH:
(a) County: Dent
(b) City or town: Salem Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hart Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 13 Days (Specify whether years, months or days)
In this community: Life Time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dent 33
(c) City or town: Rural Near Bunker 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Rhoda-Adeline-Burrus
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: Married
6. (b) Name of husband or wife: Jim T Burrus
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: July (Month) 7 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
77	10	2	hr. min.

9. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
FATHER 12. Name: Samuel Hodges
FATHER 13. Birthplace: Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Adeline Marlowe
MOTHER 15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Willie S Hodges
(b) Address: Jadwin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 11 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Cage Cemetery
18. (a) Signature of funeral director: Hobson & Grantham
(b) Address: Salem Mo.
19. (a) 5-10-48 (Date received local registrar) (b) M.M. Hart M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1948 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 3 1946 to May 9 1948 that I last saw him alive on May 9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: ~~Arteriosclerosis~~ ~~Cerebral Hemorrhage~~ — Duration: yrs.
Due to: Arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death): gangrene of both feet — Duration: week
Major findings: Of operations:
Of autopsy:

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? (e) Means of injury:
23. Signature: M M Hart M.D. (M. D. or other)
Address: Salem Mo. Date signed: 5/10/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-17-48
District Health Officer No. 6,
District File Number 548319
Date Filed 5-25-48

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 Edward T. Broyles, Registered Apprentice No. 435, working under my personal supervision.

Signed Paul E. Franklin

Licensed Embalmer No. 3472

P. O. Address Cuba 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.