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3906

FILED NOV 15 1948

Registration District No. 178

Primary Registration District No. 3024

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

1. PLACE OF DEATH:

(a) County Howard

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Most of his life (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

(c) City or town Fayette 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

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

If yes, name country: -----

3: (a) PRINT FULL NAME William Johnson Burriss

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

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th
year 1948 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from 1930
1948 to Oct 29, 1948

that I last saw him alive on Oct 24 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Colored

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

6. (b) Name of husband or wife Mrs. Margaret Broadus

6. (c) Age of husband or wife if alive 17 years (Day) (Year)

7. Birth date of deceased: August 17, 1876
(Month) (Day) (Year)

Immediate cause of death Acute Cardiac failure

Due to Chronic myocarditis 3y.

8. AGE: Years 72 Months 2 Days 12 If less than one day --- hr. --- min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: 93 D

9. Birthplace: Howard Co. Missouri
(City, town, or county) (State or foreign country)

Of autopsy ---

PHYSICIAN ---

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business: ---

12. Name Unknown

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

14. Maiden name Unknown

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

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? ---

16. (a) Informant Genelle Broadus

(b) Address 208 Louisiana Fayette, Mo.

17. (a) 1 Burial (b) Date thereof 11/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette, City Cem.

While at work? --- (Specify type of place) (c) Means of injury ---

23. Signature Jim J. Shaw (M. D. or other) M.D.
Address Fayette, Mo. Date signed 11-1-48

18. (a) Signature of funeral director Ralph A. Carr
Fayette, Missouri

(b) Address ---

19. (a) 11-6-1948 (b) Dorothy Jean Schen
(Date received local registrar) (Registrar's signature) 1/24

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-12-49

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 Ralph A. Cass

Licensed Embalmer No. 3340

P. O. Address Fayette 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.