

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7878

BIRTH NO.		REG. DIST. NO. 76		PRIMARY REG. DIST. NO. 5886		Registrar's No. 25			
1. PLACE OF DEATH a. COUNTY Dallas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) Long Lane		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) Long Lane		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Minerva				b. (Middle) Ellen		c. (Last) Burd			
4. DATE OF DEATH (Month) (Day) (Year) Mar. 20, 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH 12-25-1869		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 2		IF UNDER 24 HRS. Days 25			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Frank Woods			13b. MOTHER'S MAIDEN NAME Nancy Jane Flemons			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Addie Medcalf					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza DUE TO (c) Arterio Sclerosis Hypertension				INTERVAL BETWEEN ONSET AND DEATH 4 days 1 Week ?			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Mar 17, 1949, to Mar 20, 1949, that I last saw the deceased alive on Mar 19, 1949 and that death occurred at P.m., from the causes and on the date stated above.									
23a. SIGNATURE G. Plummer M.D.				23b. ADDRESS Buffalo Mo		23c. DATE SIGNED 3-23-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-20-49		24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery		24d. LOCATION (City, town, or county) (State) Dallas County Missouri			
DATE REC'D BY LOCAL REG. 3/26/49		REGISTRAR'S SIGNATURE G. J. B. Jones		25. FUNERAL DIRECTOR'S SIGNATURE L. B. Jones		ADDRESS Buffalo, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

300

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

RECEIVED

District Health Officer No. 7

District File Number 2-49-3

Date Filed 3-29-49

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. W. N. Jones.....

Licensed Embalmer No. 4322.....

P. O. Address Buffalo 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.