ED \	ر کار	JUN 2 1	1860	61	′				ズン	3/~ _ :.	trar's No.	9./		STATE	FILE NU	MBER	
	Regist	ration District	No	-K1-4-	Pri	mary Regi:	stration D	District No.	<u>Ç</u> P30u	Regist	trar's No.						
┨ ̄		ACE OF DEAT	н							11		E (Where		ed. If inst	titution:	Residence	before
I _			Ce ia	<u> </u>						a. STATE	Miss	ourt	COUNTY	Ced	ar	edmissi	on)
-	b.	CITY (If outsi	de corpor	rate limits,	, give TOWN	SHIP only	0 1	Length of a	itay in 1b	c. CITY	,					Inside L	imits
1_		TOWN]	Box							OR	n £1	Dorac	to Spi	rinçs		Yes 🔲 🗆	No DC
	c.	FULL NAME OF	F (If NO	T in hospi	tal, give loca	ition)		Insid	de Limits	d. STRE			(If outside,	give location	on)	Reside or	Farm
		INSTITUTION		ute	3			Yes [] No Ø .		Ro	oute:	3			Yes 💹	No 🛘
-	3. N	ME OF DECE	ASED	-	First		Mi	iddle		Last		4. DATE	Mo	nth	Day	Y	nar
ı	(1)	pe or print)			John		5	<i>T</i> •	Ru	rrus		OF DEATH	June	2	11	19€	_
I –	5. SE	x		. COLOR		T 7. M	arried 🎉		Aarried []	8. DATE C	DE BIRTH	9. AGE (la	st birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HR
		iale	"	Whi			lowed 🗌		vorced 🗆	7-20		B 71		Months	Days	Hours	Min.
7		UAL OCCUPA	TION (GI			106. Kil	ND OF BU	JSINESS OF	RINDUSTRY	/ 11. BIRTH			or country)	12. CITI	ZEN OF	WHAT COL	NTRY
l		ring most of v Carmer	vorking li	ife, even i	f retired)					Miss	ourt			U.S	. A .		
٦		THER'S NAME					13b. MO	THER'S MA	IDEN NAM		04.0	14.	NAME OF				
ı	Τı	saac B	urri	/S			Ani	nettc	ι Ευς	ne		j	Pearl	Burr	112		
	5. W	AS DECEASED	EVER IN	U.S. ARM	AED FORCES		16. SOC	CIAL SECUE	RITY NO.	17. INFOR	MANT			Address	uo		_
0	Yes, n	o, or unk now n	A [/ 14							1			, ,	Th - 1			
			" (II Yes	, give war	r or dates of	service)	49]-	30-:	3151	Ches	ter	Burru	S. K.I	uoraa	\mathcal{O} Si	nrinc	M
-	18.	CAUSE OF D	1			- 1		− <i>30−3</i> ng (c).	3151	<u>Ches</u>	ter.	<u>Burru</u>	S, El.	<u>Doraa</u>	A INI	orinc TERVAL BE	rween
_	18.	CAUSE OF D	1	iter only o	ne cause per CAUSED BY	tine for (3151 20.Cs .	Ches	ter. A.	Burru. Baar	ken!	noraa Nark	A INI	D <i>r ing</i> TERVAL BE ISET AND	rween .
-	18.	CAUSE OF D	1	iter only o		tine for (151 1 CC 1	<u>Sen</u>	A.	Bros	ken;	Noraa Noes	A INI	[ERVAL BË	rween
	18.		EATH (En	nter only o EATH WAS	one cause per CAUSED BY ATE CAUSE (a	tine for (3151 ICU	<u>den</u>	A.	Bros	ken;	Noca	A INI	[ERVAL BË	rween
-	18.	Cor wh	EATH (En.RT). DE	iter only of EATH WAS IMMEDIA if any, rise to	ne cause per CAUSED BY	tine for (3151 2CC	Len	A.	Bro	ken:	Noraa	A INI	[ERVAL BË	rween
	18.	Co wh abo	EATH (En RT 1. DE anditions, sich gave ove caus ting the	if any, rise to lie (a), under-	DUE TO (r tine for (3151 ICU	Sen	A.	Bro	ken;	Nsed	A INI	[ERVAL BË	rween
z	18.	Co wh abc sta tyis	EATH (En RT 1. DE nditions, sich gave ove caus ting the ng ceuse	if any, rise to, lee (a), under-	DUE TO	tine for ((a), (b), ar	ng (c).	reci	den	А 	Bros	ken;	Nsed	X Exp	IERVAL BE	TWEEN DEATH
TION	18.	Co wh abc sta tyis	EATH (En RT I. DE anditions, sich gave ove caus ting the ng cause	if any, rise to he (a), under-	DUE TO	tine for ((a), (b), ar	ng (c).	reci	den den de la company de la co	А 	Bros	ken;	Noes	Ceased	IERVAL BE	IWEEN DEATH
2	18.	Co wh abc sta tyis	EATH (En RT I. DE anditions, sich gave ove caus ting the ng cause	if any, rise to he (a), under-	DUE TO (tine for ((a), (b), ar	ng (c).	reci	den	А 	Bros	ken;	Noes	Ceased a pregnar	ERVAL BE USET AND	IWEEN DEATH
2		Co wh abc sta ityis PA	militions, sich geve over caus ting the mg cause RT II. Odi	if any, rise to he (a), under-	DUE TO (DUE TO (DUE TO (DUE TO (tine for (c): (c) CONDITION IN PART I	NS CONT	TRIBUTING	TO DEATH	den	A.	Bron	PART	HII. If december a	Ceased pregnar	was fema	lle was
L CERTIFICATION		Coo wh abc sta iyir PA	miditions, nich gave sove cause ting the ng cause RT II. Odi	if any, rise to be (a), under-be last.	DUE TO (DUE	tine for (c): (c) CONDITION IN PART I	(a), (b), as	TRIBUTING	TO DEATH	Len	A.	Bron	PART	HII. If december a	Ceased pregnar	was fema	lle was
CAL CERTIFICAT	19.	Cowh about the state of the sta	nditions, sich gave caus ting the ng cause RT II. Od	if any, rise to (a).	DUE TO (DUE	tine for (c): (c) CONDITION IN PART I	NS CONT	TRIBUTING	TO DEATH	Len	A.	Bron	PART	HII. If december a	Ceased pregnar	was fema	ile wa
2	19. 20c	WAS AUTOPPERFORMED? YES NO	nditions, sich gave caus ting the ng cause RT II. Odi	if any, rise to a last. If any rise and rise	DUE TO (DUE	tine for ('.'.') b) CONDITION IN PART I	INS CONT	TRIBUTING	TO DEATH	H but not ro	elated to	the termina (Enter nature)	PART	HII. If december a part I gr	ceased pregnar	was fema	ile was 90 days
CAL CERTIFICAT	19. 20c	WAS AUTOPPERFORMED? YES NO	nditions, sich gave caus ting the ng cause RT II. Odi	if any, rise to (a).	DUE TO (DUE TO (DUE TO (DUE TO (DUE TO ((c) CONDITION IN PART I	NS CONT	TRIBUTING 20b. DES	TO DEATH	Len	elated to	the termina (Enter nature)	PART	HII. If decidere a PART I or	Ceased a pregnan	was femicy in last	le wa
CAL CERTIFICAT	19. 20c	Cowh about the state of the sta	mditions, sich gave over caus ting cause RT 11. Od di	if any, rise to le (a), underst. OTHER SIGNESSES CONCERNIANCE CONCERN	DUE TO (DUE TO (DUE TO (DUE TO (DUE TO ((c) CONDITION IN PART I	NS CONT	TRIBUTING	TO DEATH	H but not ro	elated to	the termina (Enter nature)	PART	HII. If december a part I gr	Ceased a pregnan	was femicy in last	ile wa 90 days Joknow
CAL CERTIFICAT	19. 20d	WAS AUTOP PERFORMED? YES NO TIME OF INJURY OCC WHILE AT V NOT WHILE	nditions, sich gave ove caus ting the mg cause RT II. Od di	if any, rise to (a).	DUE TO (DUE TO (DUE TO (DUE TO (DUE TO ((c) CONDITION IN PART I	NS CONT	TRIBUTING 20b. DES	TO DEATH	H but not ro	A. elated to CCURRED. J. T. DWN, OR	the termina (Enter nature) LOCATION Spring	PART of injury in	HII. If decidere a PART I or	Ceased a pregnan	was femicy in last	ile wa 90 days Joknow
CAL CERTIFICAT	19. 20d	WAS AUTOPPERFORMED? PERFORMED? YES NO TIME OF INJURY OCC WHILE AT W NOT WHILE	mditions, sich gave ove caus ting the no cause RT II. Od di	if any, rise to (a).	DUE TO (DUE TO (DUE TO (DUE TO (DUE TO ((c) CONDITION IN PART I	NS CONT	TRIBUTING 20b. DES	TO DEATH	H but not re	elated to CCURRED. J. J. DWN, OR and	the termina (Enter natural Control Con	PART of injury in n alive on	HII. If december a part I or part I or county	Ceased a pregnan	was femmery in last	Ide was 90 days Jaknow
CAL CERTIFICAT	19. 20c 20d	WAS AUTOP PERFORMED? YES NO NOT WHILE AT W NOT WHILE I ettended th	mditions, sich gave ove caus ting the no cause RT II. Od di	if any, rise to (a).	DUE TO (DUE	(c) CONDITION IN PART I	IRY (e.g., treet, office	TRIBUTING 20b. DES	TO DEATH	H but not row injury or color city, to	elated to CCURRED. J 1 F	the termina (Enter natural Control Con	PART of injury in n alive on	HII. If december a part I or part I or county	Ceased a pregnan	was feminicy in last to of item 18	ile wa 90 days Jnknowi
CAL CERTIFICAT	19. 20c 20d	WAS AUTOPPERFORMED? PERFORMED? YES NO TIME OF INJURY OCC WHILE AT W NOT WHILE	mditions, sich gave ove caus ting the no cause RT II. Od di	if any, rise to (a).	DUE TO (DUE	(c) CONDITION IN PART I	IRY (e.g., treet, office	TRIBUTING 20b. DES	TO DEATH	W INJURY ON CITY, TO COMPANY AND COMPANY A	elated to CCURRED. DWN, OR and is above, ar	the termina (Enter natural Control Con	PART of injury in n alive on	HII. If december a part I or part I or county	Ceased a pregnan	was femmery in last	ile wa 90 days Jnknowi
MEDICAL CERTIFICAT	20c 20d 21.	WAS AUTOP PERFORMED? YES NO TIME OF INJURY OCC WHILE AT W NOT WHILE I attended th Death occurr SIGNATURE	militions, sich gave ove caus ting the mg cause RT II. Od di SY 20a SY 2	iter only of ATH WAS IMMEDIA if any, Itise to the (a), Itise to t	DUE TO (DUE	(c) CONDITION IN PART I	IRY (e.g., treet, officery, officery	TRIBUTING 20b. DES in or above ce bidg., etc.	TO DEATH	W INJURY ON CITY, TO COMPANY AND COMPANY A	elated to CCURRED. OWN, OR above, and above, ar	the termina (Enter nature) LOCATION Spenn last saw he had to the best	PART of injury in a alive on t of my kno	The self lift december a part I or Lack County County County Weede, fro	ceased pregnar	was feminicy in last to of item 18	ile was 90 days Jinknowr
MEDICAL CERTIFICATION	20c 20d 21.	WAS AUTOP PERFORMED? YES NO NOT WHILE AT W NOT WHILE I ettended th	nditions, sich gave ove causting the ng causti	if any, rise to (a).	DUE TO (DUE	(c) CONDITION FOR HOME	IRY (e.g., treet, office, the)	TRIBUTING 20b. DES in or about the bidg., etc. 20 Compared to the compared	TO DEATH	W INJURY ON COLUMN TO COLU	elated to CCURRED. WWN, OR and is above, ar 23	the termina (Enter nature) LOCATION Spenn last saw he ad to the best	PART a of injury in a live on a tof my kno	HII. If dec there a PART I or LOUNTY COUNTY	Ceased pregnar PART II	was femiliast AND of item 18	ile was 90 days Jinknowr
MEDICAL CERTIFICAT	20d 21. 22a 3a. BU REI	WAS AUTOP PERFORMED? YES NO TIME OF INJURY OCC WHILE AT W NOT WHILE I attended th Death occurr SIGNATURE RIAL, CREMAT	mditions, sich gave over causting the mg cause RT II. Od di SY 20a SY 20	if any, rise to (a). Under only of ATH WAS IMMEDIA if any, rise to (a). Under only of last. ITHER SIG issass cond Month, D. RK	DUE TO (DUE TO (DUE) DUE TO ((c) ONDITION IN PART I OF INJUINATION IN THE INTERPRET I OF TOTAL INTERPRET INTERPRET I OF TO	IRY (e.g., treet, office, the)	TRIBUTING 20b. DES in or about the bidg., etc. 20 Compared to the compared	TO DEATH TO DEATH CRIBE HOVE To home, 2 To home, 2	W INJURY ON COLUMN TO COLU	elated to CCURRED. DWN, OR alp and above, ar ESS 23	the termina (Enter nature) LOCATION Spenned to the best of LOCATION Ceda	PART a of injury in a live on a of my known CC.	COUNTY CED TO THE CED TO THE COUNTY CED TO THE COUNTY CED TO THE CED THE CED TO	Ceased pregnar PART II	was femiliast AND of item 18	ile was 90 days Jinknowr
S MEDICAL CERTIFICAT	20d 20d 21. 22a 3a. BU REI BU 4. FU	WAS AUTOP PERFORMED? YES NO TIME OF INJURY OCC WHILE AT W NOT WHILE I ettended th Death occurr SIGNATURE RIAL, CREMAN	nditions, sich gave ove causting the ring cause RT II. Odd dispenses of the ring the	if any, rise to (a). Under only of the (a). If any, rise to (b) (a). If the (a). If the (a). If the (b). If the (b	DUE TO (DUE	(c)	INS CONTI	TRIBUTING 20b. DES in or about the bldg., etc. 20 P. CEMETEI 21 De	TO DEATH TO DEATH CRIBE HOVE To home, 2 To home, 2	W INJURY ON COLUMN TO COLU	elated to CCURRED. DWN, OR alp and above, ar ESS 23	the termina (Enter nature) LOCATION Spenned to the best of LOCATION Ceda	PART a of injury in a live on a tof my kno	COUNTY CED TO THE CED TO THE COUNTY CED TO THE COUNTY CED TO THE CED THE CED TO	Ceased pregnar PART II	was femiliast AND of item 18	ile was 90 days Jnknow

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose na	ame is	recorded (on the r	everse si	de of	this certificate	was e	mbalmec	j 1
or by	•				,	Student Embair	mer N	0	
working under my personal supervision.			5	· · · ·	1/2		7	TD .	_

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conwith the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Signature of Student Embalmer