

FILED MAR 9 1942
Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 615 S. Second St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all life
years, months or days

3. (a) PRINT FULL NAME Florence Burris
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEM 5. Color or race WHITE 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John D. Burris 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 9 1893
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name A. W. Campbell
13. Birthplace St. Sterling Ill
(City, town, or county) (State or foreign country)
14. Maiden name Ellis Turner
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant John D. Burris

(b) Address Clinton Mo
17. (a) Burial (b) Date thereof 2-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood
18. (a) Signature of funeral director Consular Beck
(b) Address Clinton Mo

19. (a) Feb 1/42 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 615 S Second St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30th
year 1942 hour 3 minute A M.
21. I hereby certify that I attended the deceased from 1938 to Jan 30, 1942

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 4 years

Due to hypertensive cardiac disease urban

Due to _____ 2 years

Other conditions cerebral hemorrhage 2 years
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN _____
Of operations none
Of autopsy none 94 a
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 none
(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? no

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature S. B. Hughes (M. D. or other) M.D.
Address Clinton, Mo Date signed Jan 31/42

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

12
1
2

RECEIVED

District Health Officer No. 7,

District File Number 3-42-182

Date Filed 3-4-42

JUN 7 1951

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.....

J. E. Conzalez

Licensed Embalmer No. 1891

P. O. Address Clinton 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.