

S. No. 2
M-2-43
5-17-39
-1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23412

State File No. _____

FILED JUL 26 1946

Registration District No. _____ Primary Registration District No. 3023 Registrar's No. 144

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution Wetzel Hosp
(If no such hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether in this community _____ years, months or days) all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

(c) City or town Clinton Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 510 North 3rd
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DONNA BEATRICE BURNS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Nov 15 1936
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

9 7 29 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name EARL BURNS

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

14. Maiden name Phony Huggins

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

16. (a) Informant Mrs Earl Burns

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 7-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conrad H. Beck

(b) Address Clinton Mo

19. (a) 7-15-46 (b) R. P. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1946 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 3 1946 to July 13 1946 that I last saw her alive on July 13 1946 and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia Duration 2 days

Due to septicemia due to streptococci infection 3 days

Due to streptococci infection of throat 1 day

Other conditions (include pregnancy within 3 months of death) _____

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? _____

While at work? _____ (Specify name of place) Means of injury _____

23. Signature R. P. Kennedy (M. D.)
Address Clinton Mo Date signed 7/15/46

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

REC: 12
CIVIL No. 9,
6-46-776
Date Filed 7-24-46

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 Bresler

Licensed Embalmer No. 1891

P. O. Address Christon 2020

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.