S. No. 2
M—8-43
5-17-39
P.I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1945

State File No. 37321

Registration District No. 133 — Primary Registration District No. 3022 — Registrar's No. 99

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

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Bethany (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Reid Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 20 days. In this community: all of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Harrison
(c) City or town: Bethany twp - Rural (If outside city or town limits write "RURAL")
(d) Street No.: 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Rose Burris Smith.
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Will Smith
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: June 26 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	4	20	hr. min.

9. Birthplace: Bethany twp Harrison Co Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife.
11. Industry or business:
FATHER
12. Name: James Benton Burris
13. Birthplace: Jackson Co. Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah Maloney
15. Birthplace: Jackson Co Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Bert Smith
(b) Address: Bethany Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 19 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Joe E. Wheeler
(b) Address: Bethany Mo.
19. (a) Nov 19-45 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1945 hour 7 minute — M.
21. I hereby certify that I attended the deceased from Oct 27 1945, to Nov 16/45; that I last saw her alive on Nov 16 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemmorhage Embolism — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — JZW
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: J. G. Reid (M. D. or other) DO
Address: Bethany Mo — Date signed: 11-20/45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany 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.