N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6902
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper 2 Registration District No. 416
(b) Township Sarcoxie 1 Primary Registration District No. 5571 B Registered No.
(c) City LaRussell, Mo. (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 623 James E. Burkett
(a) Residence, No. LaRussell, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Angelina Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 28, 1848

7. AGE: YEARS 90 MONTHS 1 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farming
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb County Tennessee 1

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): x x 9

MOTHER
15. MAIDEN NAME: Nancy Evans 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown x

17. INFORMANT (ADDRESS): Mrs. Malty Baker LaRussell, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harvey Cemetery DATE 2-5-39, 19

19. FUNERAL DIRECTOR (ADDRESS): Ulmer Funeral Home Carthage, Mo.

20. FILED Feb 4, 1939 Leroy Simmons Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 2-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1939, to Feb 1, 1939
I last saw him alive on Feb 1, 1939. Death is said to have occurred on the date stated above, at 12:15 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance: 92C

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Leroy Simmons, M. D.
(Address) Sarcoxie, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-39-461
Date Filed MAR 3 1939

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2222

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