

Registration District No. 821

Primary Registration District No. 4503

Registrar's No. _____

1. PLACE OF DEATH:
 Scott
 (a) County _____
 (b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(Rear) 411 North Kingshighway 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Michel Burdett 633
3. (b) If veteran, None **3. (c) Social Security** None
 name war _____ No. _____

4. Sex Male **5. Color or race** colored **6. (e) Single, widowed, married, divorced** widowed
6. (b) Name of husband or wife Katie Burdett **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased don't know
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
Approx 70 years.

9. Birthplace Sardis Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Preacher

11. Industry or business 1

FATHER { **12. Name** Robert Burdett 1

13. Birthplace Mississippi

14. Maiden name Unknown or county _____ (State or foreign country)

MOTHER { **15. Birthplace** Mississippi

(City, town, or county) (State or foreign country)

16. (a) Informant Harvey J. Burdett
(b) Address Memphis, Tenn.

17. (a) Burial **(b) Date thereof** April 14, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Cemetery

18. (a) Signature of funeral director Therese Whelan

(b) Address Sikeston

19. (a) 5-9-1940 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Scott
 (c) City or town Sikeston
(If outside city or town limits, write "RURAL")
 (d) Street No. (Rear) 411 North Kingshighway
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
 year 1940 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from April 1, 1940 to April 8, 1940
 that I last saw him alive on April 8, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Bilateral Bronchopneumonia
Acute Pyelitis
Due to Pharyngitis and wife
 Duration _____

Other conditions 107W
(Include pregnancy within 3 months of death)

Major findings: none
 Of operations _____

Of autopsy no
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) none

(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? 742

While at work? _____ **(e) Means of injury** _____

23. Signature M. D. Anderson (M. D. or other) _____

Address Sikeston **Date signed** 4-22-40

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

RECEIVED

District Health Officer No. 2,

District File Number 540-1038

Date Filed 5/14/40

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 Harvey Johnson

Licensed Embalmer No. 3704

P. O. Address Leicester 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, above space should be left blank.