

Registration District No. 416

Primary Registration District No. 4248

1900

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

1. PLACE OF DEATH:

(a) County Jasper, Mo.  
 (b) City or town Sarcovie, Mo.  
 (c) Name of hospital or institution:  
 9th Street Sarcovie, Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 58 years in this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
 (c) City or town Sarcovie, Mo.  
 (d) Street No. 9th Street  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: Mima Caroline Burden

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 Widowed  
 6. (b) Name of husband or wife John Thomas Burden 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec 4 1865  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	1	22	_____ hr. _____ min.

9. Birthplace Montacella Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George W Plummet  
 { 13. Birthplace Ill  
 { 14. Maiden name Martha Barr  
 { 15. Birthplace Ill

16. (a) Informant Adabell Burden  
(b) Address Sarcovie, Mo.

17. (a) Burial (b) Date thereof Jan 28 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial Sarcovie Cemetery

18. (a) Signature of funeral director H. D. Rosett  
(b) Address Sarcovie, Mo.

19. (a) Jan 29-42 (b) Mrs Lema Brondau  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26  
 year 42 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-30  
1941 to 1-26-1942  
that I last saw her alive on 1-26-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chor myocardiitis 1 year

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 93d  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 type of place)  
 (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Sarcovie, Mo. Date signed 1-27-42

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

42-1-20

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.....

*Max Fossett*....., Registered Apprentice No. *268*

working under my personal supervision.

Signed *H. D. Fossett*.....

Licensed Embalmer No. *2201*.....

P. O. Address *Mt. Vernon, 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.