

FILED FEB 16 1943

Registration District No. 70

Primary Registration District No. 5037

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Rural Salt River Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
in this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. #1 Trolley Heights
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Carson H. Burt

3. (b) If veteran, name war No 3. (c) Social Security No. 491-05-6046

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

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

7. Birth date of deceased Nov 12, 1880
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>62</u>	<u>1</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Shamrock, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Woman Dry Press Dept.

11. Industry or business A. P. Green Fire Brick Co.

MOTHER FATHER
12. Name HENRY BURT
13. Birthplace OK 9
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jones
15. Birthplace OK 9
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Burt

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 1/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Missouri

18. (a) Signature of funeral director Chas. Burt

(b) Address Mexico, Missouri

19. (a) Jan 7-1942 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th
year 1943 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from 3-23-1942 to 1-7-43,
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative myocardiitis

Due to _____

Due to _____

Other conditions Raynaud's disease
(Include pregnancy within 3 months of death)

Major findings: Of operations no operations

Of autopsy _____

Duration

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 type of place) (e) Means of injury _____

23. Signature John Harrison (M. D. or other) _____

Address 112 E. Main Date signed 1-8-43

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

RECEIVED

District Health Officer No. 10

District File Number 2-43-269

Date Filed FEB 15 1943

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 3569

P. O. Address Mexico

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

If this body is not embalmed, fact should be so stated above.