

ED APR 28 1949

Registration District No. 132

Primary Registration District No. 5481

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Saredo, Rural - Wilson
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community Life Time years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Saredo, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME NETTIE MABEL BURICH

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 James Burich 6. (c) Age of husband or wife if

7. Birth date of deceased May 3 1919 (Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Grundy Co., mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ammon Anderson

13. Birthplace K4 (City, town, or county) (State or foreign country)

14. Maiden name Hannah Margaret Woods

15. Birthplace Howard Co mo (City, town, or county) (State or foreign country)

16. (a) Informant Belah Todd

(b) Address Saredo mo

17. (a) Burial (b) Date thereof April 4 1949 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alpha Cem.

18. (a) Signature of funeral director E. J. Robertson

(b) Address Saredo, mo.

19. (a) 4-8-49 (b) L. S. Roberts (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 2 year 1949 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 1 1943 to Apr 1 1949

that I last saw a alive on Apr 1 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic neoplasia
+ General debility

Due to _____

Due to _____

Other conditions 92 b (Include pregnancy within 3 months of death)

Major findings: 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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 4/3/49

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

40
00

MOTHER FATHER

1330

(Licensed Embalmer's Statement on Reverse Side)

APR 28 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

E. J. Robertson

Licensed Embalmer No. *2415*

P. O. Address *Fairfax, Va.*

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.