

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McGuire-Brooks Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1
(If outside city or town limits, write "RURAL") 3

(d) Street No. 622 East 3rd St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME REBECCA J. BURNETT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced, <u>Widowed</u>
6. (b) Name of husband or wife <u>Joe E. Burnett</u>	6. (c) Age of husband or wife if alive _____ years (Day) (Year)	
7. Birth date of deceased <u>February</u> (Month)	<u>5</u> (Day)	<u>1857</u> (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>5</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name John N. U. Seela

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

14. Maiden name Fatsey Whitehead

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Carr

(b) Address Carthage, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 7-7-44
(Month) (Day) (Year)

(c) Place: burial or cremation Hackney Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) July 6, 1944 (Date of death local registrar)

(b) E. Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5, year 1944 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from July 5 to July 6, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of upper end of right femur

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) None

Major findings: Of 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) accident

(b) Date of occurrence May 10 44 11:30 AM

(c) Where did injury occur? Carthage, MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? _____ (Specify type of place)

Means of injury fall

23. Signature P. H. Webster (M. D. or D. O.)

Address Carthage, MO Date signed July 6, 44

44-7-618

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 Ed Williams

Licensed Embalmer No. 2222

P. O. Address Carthage

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.