S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10632

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1332

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44
(c) City or town Forest City-Rural 0 (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Sina Dell Burtnett
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 1
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry G. Burtnett
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased December (Month) 24 (Day) 1871 (Year)

8. AGE: Years 73 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Sharpsville (City, town, or county) Indiana (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name A. J. Lyons
13. Birthplace (City, town, or county) Ohio (State or foreign country) 1
MOTHER
14. Maiden name Eliza Jane Adams
15. Birthplace Unknown (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs. Eva Richardson
(b) Address Forest City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Missouri
18. (a) Signature of funeral director James H. Pettijohn
(b) Address Oregon Mo
19. (a) 12-28-44 (Date received local registrar) (b) Helen J. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day ~~24~~ 26 year 1944 hour 2 minute 35 a M.
21. I hereby certify that I attended the deceased from Dec 23, 1944 to Dec 24, 1944 that I last saw her alive on Dec 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
Due to Influenza + asthma
Due to
Other conditions Chronic nephrocardiates (Include pregnancy within 3 months of death)
Major findings: Of operations ✓ 93d
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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury 0
23. Signature Collis Kennedy (M. D. ~~or other~~)
Address Kirksville Mo Date signed Dec 29 44

1377

(Licensed Embalmer's Statement on Reverse Side)

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 James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.