No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41463

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 232

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: 107 S. Orchard (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage (If outside city or town limits, write "RURAL")
(d) Street No. 107 S. Orchard (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Alta Allen Lewis Burnett
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur Burnett
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased September (Month) 18 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
56	3	2	-- hr. -- min.

9. Birthplace Jasper County, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business none
FATHER
12. Name James Curtis Lewis
13. Birthplace Jasper (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Henrietta Breep
15. Birthplace Unknown (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Arthur Burnett
(b) Address 107 S. Orchard, Carthage, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Dudman Cemetery
18. (a) Signature of funeral director Ed C. Ulmer
(b) Address 1208 S. Garrison, Ave. Carthage, Mo.
19. (a) 12-22-45 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19, year 1945 hour 12:30 minute A. M.
21. I hereby certify that I attended the deceased from June, 1945 to Dec 19 1945 that I last saw her alive on Dec 18 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr myocarditis	Years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93d

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
23. Signature [signature] (M. D. or other)
Address Carthage Mo Date signed 12-22-45

(Licensed Embalmer's Statement on Reverse Side)

46-12-995

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.....John S. Dennehy

Licensed Embalmer No.....4194

P. O. Address.....Carthage, M

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

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