

FILED MAR 9 1946

Registration District No. 47

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town 727 Grand, Fulton, Mo.
(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 years, months or days

3. (a) PRINT FULL NAME Edna Pearl Burt

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 William C. Burt 6. (c) Age of husband or wife if alive OK years

7. Birth date of deceased Feb. 19 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days _____ If less than one day hr. _____ min.

9. Birthplace Callaway Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name John Henry Scroggs

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

14. Maiden name Mary Jane Selley

15. Birthplace Callaway Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mildred Burt

(b) Address 727 Grand Fulton Mo.

17. (a) Burial (b) Date thereof Feb. 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Crest

18. (a) Signature of funeral director Wm. J. Rausin

(b) Address 712 Camp St. Fulton Mo.

19. (a) Feb. 25 1946 (b) Joan Mossuthoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 727 Grand (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22
year 1946 hour midnight minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 19 1943 to 217 1946

that I last saw her alive on 217 1946 and that death occurred on the date and hour stated above.

Immediate cause of death generalized arteriosclerosis

Due to _____

Due to _____

Other conditions senility
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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)
(c) Means of injury _____

23. Signature Henry Burt (M. D. or other) H.D.

Address Fulton, Mo. Date signed 2/23/46

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 3-2-46

DEC 21 1958

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 Glen Y. Maysen

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.