

S. No. 2
OM-5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10328

State File No. _____
Registrar's No. 86

FILED APR 12 1948

Registration District No. 274 Primary Registration District No. 30.52

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
334 Randolph /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia P
(If outside city or town limits, write "RURAL") 4
(d) Street No. 334 Randolph D
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mollie Jerusia Burnett

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-07-4433

4. Sex Female! 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Artie J. Burnett 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Providence Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Homemaker & Nurse

MOTHER FATHER

11. Industry or business _____
12. Name Robert S. Teeter
13. Birthplace Providence Missouri (City, town, or county) (State or foreign country)
14. Maiden name Bessie Turner
15. Birthplace Ashland Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cordelia Busker
(b) Address 240 E. Saline, Sedalia, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia, Missouri

19. (a) 3-19-46 (Date received local registrar) (b) Betty Yeager (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1946 hour 9:00 P.M. minute _____ P.M.
21. I hereby certify that I attended the deceased from Nov. 11 1945 to March 12 1946
that I last saw her alive on March 12 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 3 days
Due to Rt. side Cerebral Hemorrhage 1 month
Due to Hypertension 5 months?
Other conditions Parenchymatous Nephritis 5 months?
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 1321
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) no
(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) _____ (e) Means of injury _____
23. Signature [Signature] (M.D. or other) M.D.
Address Naty B... Date signed 3-46

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-11-46

8:20 p.m. March 12

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 J.P.M. Crary

Licensed Embalmer No. 3153

P. O. Address Bedalia 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.