No. 2
1—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 18 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24372

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 63

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R#1, 5 mi. east of Charleston,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community All of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town Charleston, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R#1, 5 mi. E. of Charleston. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Margery Burnett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race ~~Color~~ negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May 10, (Month) 1946 (Day) (Year)

8. AGE: Years 0 Months 1 Days 24 If less than one day hr. min.

9. Birthplace R#1, Charleston, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

FATHER
12. Name Nathaniel Burnett
13. Birthplace Clarksdale, Arkansas. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lillie Woodard
15. Birthplace Winds, Arkansas. (City, town, or county) (State or foreign country)

16. (a) Informant Nathaniel Burnett
(b) Address R#1, Charleston, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director Joe R. Nunnelee
(b) Address Charleston, Missouri.

19. (a) 7-11-46 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1946 hour 11:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 24, 1946, to July 4, 1946 that I last saw her alive on July 4, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 5 days
Due to Prematurity
Due to
Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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 William L. Davis (M. D. or other) MD
Address Charleston, Mo. Date signed 7-6-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 746-844
Date Filed 2-15-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.