

FILED OCT 17 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 201

Primary Registration District No. 4450

Registrar's No. 2153

1. PLACE OF DEATH:

(a) County Ripley
 (b) City or town Doniphan
(If outside city or town limits, write "RURAL" and name of township)
 (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 years, months or days)
 In this community 73 years

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Catherine Jane Burgett

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 Widow
 6. (b) Name of husband or wife Wm. J. Burgett (deceased) 6. (c) Age of husband or wife if _____ years
 7. Birth date of deceased January 25, 1873
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>73</u> | <u>7</u> | <u>26</u> | hr. _____ min. _____ |

9. Birthplace Ripley County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name - Unknown
 13. Birthplace - Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Tyler
 15. Birthplace - Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Young
 (b) Address Doniphan, Mo.

17. (a) Burial (b) Date thereof 9-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan Cemetery

18. (a) Signature of funeral director Black-Edward

(b) Address Doniphan, Mo.

19. (a) 10-16-46 (b) E. J. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 21
 year 1946 hour 8:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 5 1946 to Sept 21 1946
 that I last saw her alive on Sept 21 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 hrs
 Duration _____

Due to _____

Due to _____

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

Major findings: §3A
 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? _____

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature Clifford Johnson (M. D. or other) _____
 Address Doniphan Mo. Date signed _____

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

OCT 23 1946

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

D. Valjean Adamson

Licensed Embalmer No. *4351*

P. O. Address *Doniphan, 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.