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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15573

State File No.

FILED JUN 8 1948

Registration District No. 77

Primary Registration District No. 4061

Registrar's No. 15-

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Braymer
(c) Name of hospital or institution: Southwest Braymer
(d) Length of stay: In hospital or institution
In this community Lifetime - 78-7-14 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell
(c) City or town Braymer
(d) Street No.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME SARAH CATHERINE BURNETT

3. (b) If veteran, name war. - 3. (c) Social Security No. -

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Burnett | 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased September 24, 1869 (Month) (Day) (Year)

8. AGE: Years 78 | Months 7 | Days 14 | If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business Same

12. Name Harry Cramer

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

14. Maiden name Elizabeth Devonbrake

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

16. (a) Informant Elmer Burnett

(b) Address Courville, Mo.

17. (a) Burial (b) Date thereof May 10, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Gene C. Michall

(b) Address Braymer, Mo.

19. (a) 5-25-48 (b) Mrs. Nell B. Jones (Date received local registrar) (Registrar's signature) 273

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8, 1948 hour 8:50 minute 30 M.

21. I hereby certify that I attended the deceased from May 1, 1948 to May 8, 1948 that I last saw him alive on May 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Arterio-Sclerosis

Due to:

Other conditions:

(Includes pregnancy within 3 months of death)

Major findings: None

Of operations:

Of autopsy: None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

23. Signature: Cerebral B. Probers (M.D. or other)

Address: Braymer, Mo. Date signed: 5/10/48

Duration

1 1/2 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3000

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Lene C. Michal

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.