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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20296

State File No.

Registration District No. 272 Primary Registration District No. 3912 Registrar's No. 176

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Virginia Twp. (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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Steele Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Burtha Burchett
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife George A Burchett
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased November (Month) 12 (Day) 1888 (Year)

8. AGE: Years 59 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Bengstown Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant George H Burchett
(b) Address Steele, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bengstown Tenn
18. (a) Signature of funeral director J L German
(b) Address Steele, Mo
19. (a) 7-3-48 (Date received local registrar) (b) [illegible] (Registrar's signature) 24 a

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1948 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from 5-28, 1948 to 6-21, 1948 that I last saw her alive on 6-21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease (Sudden death) — Duration 4 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Hypertension
Major findings: Of operations
Of autopsy 94a

PHYSICIAN
Underline the cause of 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 0
23. Signature [illegible] (M. D. or other)
Address Hayti, Mo Date signed 6-28-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

7-48-191-

JUL 9 1948

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: John H. Gernar

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.