No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 30 1948

Registration District No. 11

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4024

State File No. 35522

Registrar's No. 102

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Cassville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Furves Hospital 6 (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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barry 5
(c) City or town: Washburn (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Fannie Isabell Burnette
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: female 1
5. Color or race: white 1
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Allen B. Burnette
6. (c) Age of husband or wife if alive: 36 years
7. Birth date of deceased: April (Month) 3 (Day) 1911 (Year)

8. AGE: Years	Months	Days	If less than one day
37	7	11	..... hr. ..... min.

9. Birthplace: Missouri 6 (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business .....

FATHER
12. Name: Mose Reed 1
13. Birthplace: Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Margaret Ann Johnson
15. Birthplace: unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Allen B. Burnette 1
(b) Address: Washburn, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Washburn Prairie
18. (a) Signature of funeral director: Culver Funeral Home
(b) Address: Cassville, Missouri
19. (a) Nov 9-1948 (Date received local registrar) (b) Grace Williams (Registrar's signature) 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 4th year: 1948 hour: 6 minute: A. M.
21. I hereby certify that I attended the deceased from Oct 17, 1948, to Nov 4, 1948; that I last saw him alive on Nov 4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bacterial Endocarditis	4 mo
Due to: Acute Rheumatic Fever	8 mos.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 8 4	
Of autopsy: 5	

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 2
23. Signature: [illegible] (M. D. or other) DO
Address: Cassville Mo Date signed: 1-8-48

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

RECEIVED
District Health Officer No. 6,
District File Number 1148-1295-
Date Filed 11-26-48

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 Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville

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.