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FILED FEB 28 1944

Registration District No. 284

Primary Registration District No. 3046

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Monteair
(b) City or town California
(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 all Her Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monteair
(c) City or town California
(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

Mary Catherine Burgess

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Frank Burgess 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 14 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Monteair MO
(City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name David Hutchison
13. Birthplace Monteair MO
(City, town or county) (State or foreign country)
14. Maiden name Ellie Cole
15. Birthplace Monteair MO
(City, town or county) (State or foreign country)

16. (a) Informant Mrs Jack Wood
(b) Address California, Mo

17. (a) Burial (b) Date thereof 1/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flag Springs

18. (a) Signature of funeral director Walter D. Huedy

(b) Address California, Mo

19. (a) 1-10-44 (b) A. J. Allee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1944 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 1941, to January 9, 1944
that I last saw her alive on January 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Duration 2 years
Due to Generalized arteriosclerosis 10 years

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?

While at work? _____ (Specify type of place) (e) Means of injury 65

23. Signature Kenyon Latham (M. D. or other) _____
Address California, Mo Date signed 1-10-44

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

MOTHER FATHER

1312

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.....

Hugh L. E. Williams

Licensed Embalmer No.

3537

P. O. Address.....

California 711

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.