

FILED JAN - 8 1943

Registration District No. 7

Primary Registration District No. 3764

Registrar's No. 371

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town RURAL - FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 MILE EAST OF FULTON ON R.F.D. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 60 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 2 MILE EAST OF FULTON ON R.F.D. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARTHA ELLA BURDETTE

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. JUNE 28 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 3 If less than one day hr. min.

9. Birthplace CALLAWAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business AT HOME

MOTHER FATHER { 12. Name W. H. BLACKBURN

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

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Hillgartner
(b) Address FULTON - R.F.D. #1

17. (a) BURIAL (b) Date thereof 12-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BETHEL CEM. READSVILLE, Mo.

18. (a) Signature of funeral director J. S. Wallace
(b) Address FULTON MISSOURI

19. (a) 12-3-1942 (b) Josie Mountchiff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1942 hour 11 minute 30 P.

21. I hereby certify that I attended the deceased from Nov 14 1942 to Nov 19 1942 that I last saw her alive on 42 Nov 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration

Due to Intra cranial accident
Probably a thrombosis or embolus of the cranial blood vessels.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

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.....

23. Signature W. H. Hillgartner (M: D. another)
Address Fulton Date signed 12/7/42

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

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..... *Elbert E. White*.....

Licensed Embalmer No..... *4168*.....

P. O. Address..... *Fulton, 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.