

No. 2  
5-43  
17-39  
X36671

FILED FEB 13 1945  
337

Registration District No. 337

Primary Registration District No. 6139

Registrar's No. 1

1. PLACE OF DEATH:

(a) County: Shelby  
(b) City or town: Shelbyville - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Blackhawk  
(If not in hospital or institution, write street number or location) Mo  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

3. (a) PRINT FULL NAME: HENRY CHAY BURRETT  
3. (b) If veteran, name war: ✓  
3. (c) Social Security No.: ✓

4. Sex: Male 5. Color or race: white  
6. (a) Single, widowed, married, divorced: Married  
6. (b) Name of husband or wife: Rosanna Durrett 6. (c) Age of husband or wife if alive: 70 years  
7. Birth date of deceased: May 15 1865 (Month) (Day) (Year)

8. AGE: Years: 79 Months: 8 Days: 3 If less than one day: ✓ hr. \_\_\_\_\_ min.

9. Birthplace: Shelby Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: \_\_\_\_\_  
12. Name: Richard Durrett  
13. Birthplace: \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name: Sarah Gay  
15. Birthplace: \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ruby Craigmyer  
(b) Address: Shelbyville Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 21 - 1945 (Month) (Day) (Year)  
(c) Place: burial or cremation: Emden Cemetery

18. (a) Signature of funeral director: E. P. Thompson  
(b) Address: Shelbyville Mo  
19. (a) Jan 27 - 45 (Date received local registrar) (b) W. J. L. Wood (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Shelby 102  
(c) City or town: Rural 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 18  
year: 1945 hour: 8:00 minute: A M.  
21. I hereby certify that I attended the deceased from July 1, 1944 until Jan 18, 1945  
that I last saw him/her alive on Jan 17, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: U. B. of lungs (chronic) about 20 yrs Duration  
Due to: unknown

Due to: ✓  
Other conditions: Senility 13  
(Include pregnancy within 3 months of death)

Major findings: no operation  
Of operations: \_\_\_\_\_  
Of autopsy: no autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence: ✓  
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. J. L. Wood (M. D.)  
Address: Shelbyville Mo Date signed: Jan 18, 1945

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Board Order No. 10

District File Number 2-45-330

Date Filed FEB 11 1945

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.....

..... Myself ....., Registered Apprentice No. ....  
working under my personal supervision. \_\_\_\_\_

Signed E. P. Thompson .....

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.**