

FILED DEC 19 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40145**
Registrar's No. **130**

Registration District No. **116**

Primary Registration District No. **2020**

1. PLACE OF DEATH:

(a) County **Franklin**
(b) City or town **Washington**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Francis Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days)
In this community **17 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Warren**
(c) City or town **Marthasville**
(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 **FRANKA LA FAVORITA BURGESS**

3. (b) If veteran, name war **None** 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 **Valentine Burgess**
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased **April 20 1855**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	91	7	19	

9. Birthplace **Marthasville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Francis Wyatt**
13. Birthplace **Marthasville Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Eliza Ann Jones**
15. Birthplace **Marthasville Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. S. Sherman**
(b) Address **Marthasville Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 12-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Waverly, Missouri**

18. (a) Signature of funeral director **Frank W. Lichtenberg**
(b) Address **Marthasville, Missouri**

19. (a) **12/10/46** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **9th**
year **1946** hour **9** minute **40 P.M.**
21. I hereby certify that I attended the deceased from **Oct 15**
1946 to **Dec 9 1946**
that I last saw him alive on **Dec 9 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Massive Cora.**
Due to **Charbostatal nepheli & Deficiency of Old age**
Duration **3 days**

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

MAJOR FINDINGS: Of operations _____
Of autopsy _____
131A

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? _____

23. Signature **[Signature]** (M. D. or other) **MD.**
Address **Marthasville Mo.** Date signed **12/10/46**

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

RECEIVED
District Health Officer No. 9,
District File Number 12-16-46
Date Filed

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 Fred. W. Lichtenberg

Licensed Embalmer No. 1321

P. O. Address Marthasville, Missouri

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.