

FILED JUL 26 1947

State File No. _____

Registration District No. 101

Primary Registration District No. 5412

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava, Springcreek
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sybil Ann Haden Burdett

3. (b) If veteran, name war No 3. (c) Social Security No. 500-12-9151

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rondo Burdett 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased December 26, 1914
(Month) (Day) (Year)

8. AGE: Years 32 Months 3 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name R. C. Haden

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

14. Maiden name Ida Cannifax

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

16. (a) Informant Rondo R. Burdett

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 4-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springcreek

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) June 6-47 (b) Westie Qualman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1947 hour 5 minute A M.

21. I hereby certify that I attended the deceased from April 23, 1947 to only, 1947;
that I last saw him alive on _____, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death disease of heart
Due to _____
Due to _____

Other conditions fract
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 950

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 0

23. Signature J. L. Gentry (M. D. or other) _____
Address AVA Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 747-781

Date Filed JUN 23 1947

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: W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Oral Md

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.