S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9178

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 23

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1

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Festus
(If outside city or town limits, write "RURAL")

(d) Street No. 108 Harrison Lane 50
(If rural, give location) 3

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Josephine M. Burgett

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

4. Sex Female 1 | 5. Color or race Colored | 6. (a) Single, widowed, married, divorced Widowed 7

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

7. Birth date of deceased March 17, 1858
(Month) (Day) (Year)

8. AGE: Years 89 | Months 11 | Days 18 | If less than one day ___ hr. ___ min.

9. Birthplace St. Genevieve Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business own home

FATHER
12. Name Bivien Johnson
13. Birthplace Randolph Co. Mo. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lulutisie Baker
15. Birthplace Randolph Co. Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Clark
(b) Address Festus, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10, 1948
(Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's, Mo.

18. (a) Signature of funeral director Gentry R. Politte
(b) Address Crystal City, Mo.

19. (a) Mar. 30 1948 (Date received local registrar) (b) Cleora Billeville (Registrar's signature) 1111

MEDICAL CERTIFICATION 0

20. DATE OF DEATH: Month March day 5
year 1948 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan. 4, 1948, to March 5, 1948
that I last saw h. or alive on March 7, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertension, Valvular heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

92 P

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature B. Bolgner (M. D. or other)
Address Festus, Mo. Date signed 3/29/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 8 1948

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 Jeutry R. Poelitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.