

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9545
Registrar's No. 23

Registration District No. 235

Primary Registration District No. 3047

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
328 So. JEFFERSON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County TEXAS 107
(c) City or town HOUSTON
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MINERVA JANE BURNETT
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.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased APRIL 17 1958
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 10 22 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business.....

12. Name DANIEL SHISLER

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

14. Maiden name ELIZABETH MARRAS

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

16. (a) Informant MRS MYRTLE GOOCH

(b) Address Neosho Mo.

17. (a) REMOVED (b) Date thereof 3-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston Mo.

18. (a) Signature of funeral director Carley Thompson

(b) Address Neosho Mo.

19. (a) March 15, 1948 (b) Melvin C. Penman
(Date received local registrar) (Registrar's signature) * 147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 9
year 1948 hour 7:45 minute P. M.
21. I hereby certify that I attended the deceased from Dec
..... 1947, to Mar 9, 1948.
that I last saw her alive on Mar 9, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 48 hrs.
Due to Arterio sclerosis, general

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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) (c) Means of injury 0

23. Signature Harold C. Hunt (M. D. or other) 0

Address Neosho Mo. Date signed Mar 10 1948

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

3
3
2

10
14
15

RECEIVED

District Health Officer No. Newton
District File Number 348-272
Date Filed 3-22-48

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 Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.