S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 1 1948
Registration District No. 110

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37199 11-48-138
Primary Registration District No. 3033
Registrar's No. 144

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Memorial 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 8 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Lebanon (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles east on highway 66 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAMES James Edward Burgett
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ann Marie
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased May (Month) 29 (Day) 1892 (Year)

8. AGE: Years 56 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Topeka Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Tourist Court operator
11. Industry or business
MOTHER FATHER
12. Name James E. Burgett
13. Birthplace Nebraska (City, town, or county) (State or foreign country)
14. Maiden name Chloe Bacon
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ann Burgett
(b) Address Lebanon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery Lebanon
18. (a) Signature of funeral director W.E. Holman
(b) Address Lebanon, Mo.
19. (a) 11-27-48 (Date received local registrar) (b) Lorne B. Lynly 114 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1948 hour 9 minute 35 A.M.
21. I hereby certify that I attended the deceased from July 15, 1946, to Nov. 19, 1948, that I last saw him alive on Nov. 19, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	2 days
Due to: myocardial failure	2 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) no
(b) Date of occurrence
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? — (e) Means of injury —
23. Signature James L. Hope (M. D. or Other)
Address Lebanon, Mo. Date signed 11/24/48

(Licensed Embalmer's Statement on Reverse Side)

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.