

DEC'D AUG 11 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24801

Do not use this space.

1. PLACE OF DEATH  
(a) County BUCHANAN Registration District No. 85  
(b) Township WASHINGTON Primary Registration District No. 1001  
(c) City ST. JOSEPH, (d) Street No. 2709 SOUTH 22ND. Registered No. 762  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. VIRGINIA ANN BURNETT  
(a) Residence, No. 2709 SOUTH 22ND. ST. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DAVID HARRISON BURNETT		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 16TH, 1856		
7. AGE YEARS 82	MONTHS 0	DAYS 4
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWORK	
	9. Industry or business in which work was done, as saw mill, bank, etc. HOME	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) BUCHANAN COUNTY MO. (STATE OR COUNTRY)		
FATHER	13. NAME AMAZIAH ARTHUR	
	14. BIRTHPLACE (CITY OR TOWN) UNKNOWN VIRGINIA (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME SARAH ANN HODGES	
	16. BIRTHPLACE (CITY OR TOWN) UNKNOWN VIRGINIA (STATE OR COUNTRY)	
17. INFORMANT MRS. ELOISE MATTHEWS (ADDRESS) 2709 S. 22ND. ST. JOSEPH, MO.		
18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORA DATE JULY 22ND. 1938		
19. FUNERAL DIRECTOR FLEEMAN & SON, INC. (ADDRESS) 1946 CALHOUN ST. JOSEPH, MO.		
20. FILED 7/21 1938 <i>H. G. Littlebuck</i> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 20TH, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to July 20, 1938.  
I last saw h. ER alive on July 9, 1938 Death is said to have occurred on the date stated above, at 5.25 P.  
The principal cause of death and related causes of importance were as follows:  
Heart Insufficiency Date of onset 5 yrs.  
92%

Other contributory causes of importance:  
asthma

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. E. Elliott M. D.  
(Address) 801 1/2 Francis St. St. Joseph

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MYSELF

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*John E. Rupp*

Licensed Embalmer No. 3986

**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.)**