

Registration District No. **147**

Primary Registration District No. **5211**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Rural Smith**
(c) Name of hospital or institution: **in Farm House of Daughter 5 mi. W. Archie**
(d) Length of stay: In hospital or institution **2**
In this community **1 month**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk**
(c) City or town **Near Bellvue, Rural**
(d) Street No. **0**
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME **Hattie Lee Burns**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased **12 2 1870**
(Month) (Day) (Year)

8. AGE: Years **69** Months **6** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Kansas City Mo** _____
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **E. J. McJannet**

18. Birthplace **Kentucky** _____
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Burnett**

15. Birthplace **Kentucky** _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest Davis Daughter**

(b) Address **Archie Mo**

17. (a) **Burial** (b) Date thereof **June 3 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. View Polk, Mo**

18. (a) Signature of funeral director **White - Ernest**
(b) Address **Bellvue, Mo**

19. (a) **June 3-40** (b) **Mrs Dora Adair**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2**
year **1940** hour **3** minute **15** M.

21. I hereby certify that I attended the deceased from **5/31**, 1940, to **6/2**, 1940
that I last saw **her** alive on **6/1**, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of gall bladder**

Due to _____
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? **140**
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **B. B. Fout** (M. D. or other) **1**
Address **Archie Mo** Date signed **June 4, 40**

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

9

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 *William B. Emery*

Licensed Embalmer No. *3092*

P. O. Address *Baltimore 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, above space should be left blank.