

No. 2
4-13-40
5-17-39
I X23129

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34563**
4079
Registrar's No.

NOV 12 1940
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3022 East 19 St Terrace **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 yrs.
years, months or days)

3. (a) PRINT FULL NAME Hattie B. Burnett

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

4. Sex Femal 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife David Burnett 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 8 1859
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>83</u> | <u>6</u> | <u>16</u> | hr. _____ min. |

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Lorenzo Hull
13. Birthplace Vermont
(City, town, or county) (State or foreign country)
14. Maiden name Arrissa T. Fisher
15. Birthplace Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ernest E. Johnson

(b) Address Humansville Mo.

17. (a) Removal (b) Date thereof Oct. 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humansville Mo.

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn Kansas City Mo.

19. (a) 10-24-40 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3022 East 19 St. Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day Oct.
year 1940 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from 10-16-40
10-24, 1940, to 10-24, 1940,
that I last saw her alive on 10-23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 3 days
Due to Fracture of Right Hip 3 days

Due to Fall in Room

Other conditions Chronic Endocarditis
(Include pregnancy within 3 months of death)

Major findings: MR Forster M D
Of operations

Of autopsy 1860
18
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) Accidental fall
(b) Date of occurrence Oct 22-40
(c) Where did injury occur? in her room
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

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

23. Signature MR Forster M D (M. D. or other)
Address 1529 Lialin Date signed _____

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

Thearon A. Redmon

Licensed Embalmer No.

2737

P. O. Address

P.O. Box

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.