

V. S. No. 2  
FORM-2-43  
Revised 5-17-38  
U. S. G. P. 1 X 35

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27260

State File No. \_\_\_\_\_

FILED AUG 27 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3526

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2510 Agnes Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Sick 9 Weeks  
In this community 17&11/12 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Helena Treresa BURNELL

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased Sept. 11, 1925  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
17 11 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation School Girl

11. Industry or business \_\_\_\_\_

12. Name Samuel Joseph Burnell, Sr.

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

14. Maiden name Johanna Veronica Mahley

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

16. (a) Informant Miss Betty Burnell, sister

(b) Address 2510 Agnes, K.C. Mo.

17. (a) Burial (b) Date thereof 8/17/43.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody - McGilley  
(b) Address K. C. Mo.

19. (a) 8-16-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2510 Agnes Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th  
year 1943 hour 2; 10 minute \_\_\_\_\_ a. m. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 7, 1943, to Aug 15, 1943  
that I last saw her alive on Aug 14, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Sub acute Bacterial Endocarditis

Due to Congenital Heart Disease

Due to \_\_\_\_\_  
Other conditions 157 ml  
(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)  
(e) Means of injury \_\_\_\_\_  
23. Signature George C. Bell (M. D. or D. O.)  
Address 1630 Prof Bldg Date signed 8/16/43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

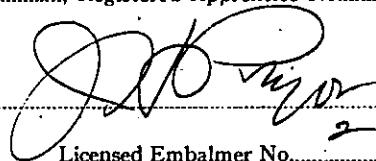
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Original Body of the 11 am

**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..... 

Licensed Embalmer No..... 2997

P. O. Address..... LC

**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.**