

FILED JAN 10 1944

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 419

1. PLACE OF DEATH:

(a) County Cape
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 22 years 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Chaffee Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 320 Gray (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Leslie Burnett

3. (b) If veteran, name war World War #2 3. (c) Social Security No. 326-14-6558

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 17 1921
(Month) (Day) (Year)

8. AGE: Years 22 Months 8 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Second Lt.

11. Industry or business U. S. Army

12. Name Harvey L. Burnett

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

14. Maiden name Jessie M. Litzelreiter

15. Birthplace Neely's Landing Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. L. Burnett

(b) Address Chaffee Missouri

17. (a) burial (b) Date thereof Jan. 2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Park Cem. Chaffee

18. (a) Signature of funeral director [Signature]

(b) Address Chaffee Missouri

19. (a) 1-3-44 (b) J. H. Phelps
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1943 hour 3:30 minute 2 M.

21. I hereby certify that I attended the deceased from Dec 26 1943 to Dec 30 1943

that I last saw him alive on Dec 29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia

Chronic appendicitis

Due to Propt Gastric Ulcers

Due to _____

Other conditions: 12/11
(Include pregnancy within 3 months of death)

Major findings: Inflammation & Infection Appendix and vacum

Of operations _____

Of autopsy None

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 W. O. Jensen (M. D. or other)

Address Chaffee Mo Date signed 12/31/43

Duration

50 days

3 mos

2 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1814

B2B209

RECEIVED

District Health Officer No. 4
District File Number 144-319
Date Filed 1-7-44

JUN 12 1950

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.....

C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.