

S. No. 2
M-2-43
5-17-39
PI X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15000

State File No.

FILED MAY 8 1944
Registration District No. 104

Primary Registration District No. 3032

Registrar's No. 52

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 4 years
years, months or days)

3. (a) PRINT FULL NAME HORACE BURT
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Almedia J. Burt 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Oct. 25, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>3</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation cook

11. Industry or business _____

MOTHER FATHER {
12. Name Robert Burt
13. Birthplace Jackson County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jane Cooper
15. Birthplace Mexico Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Almedia J. Burt
(b) Address 800 W. Gay, Warrensburg, Mo.

17. (a) Warrensburg, Mo. (b) Date thereof April, 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery, Kansas City, Mo.

18. (a) Signature of funeral director H. S. Hulbert
(b) Address Hannington 2nd

19. (a) April 17, 1944 (b) Leola M. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 800 W. Gay
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 15
year 1944 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from March 15
1944, to April 15 1944
that I last saw him alive on April 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cranary thrombosis
Due to arteriosclerosis

Due to _____
Other conditions CNS. Les.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 308
Of autopsy _____
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) _____
(b) Date of occurrence _____

44 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 H. S. Hulbert (M.D. or other) _____
Address Warrensburg, Mo. Date signed 4-17-44

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

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 Myself -
....., Registered Apprentice No.
working under my personal supervision.

Signed

Samuel M. Cluney

Licensed Embalmer No. 3554

P. O. Address Warrensburg, 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.