

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28122

State File No. _____

FILED SEP 11 1945

Registration District No. 272

Primary Registration District No. 4403

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Remick

(b) City or town Steubenville, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 3/10
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Remick

(c) City or town Steubenville, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH WILLIAM BURNETT

(b) If veteran, _____ name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 11 1945, to July 11 1945
that I last saw him alive on several days before and that death occurred on the date and hour stated above.

4. Sex male 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 Feb 26 1888
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

myocardial infarct from coronary occlusion

Due to unknown

Due to (found dead in bed)

Other conditions: (Include pregnancy within 3 months of death) _____

8. AGE: Years 56 Months 5 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name J.W. Burnett

13. Birthplace Cannelton Ind
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Roumner

15. Birthplace Dexter Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Burnett

(b) Address Steubenville, Mo

17. (a) Burial (b) Date thereof 7-13-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cynthiansville, Mo

18. (a) Signature of funeral director S. Smith Funeral Home

(b) Address Cynthiansville, Mo

19. (a) 8/15/45 (b) Rebecca Kemra
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations: _____

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 _____

(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? _____

23. Signature R. Chapman (Specify type of place) _____ (M. D. or other) _____

Address Steubenville, Mo Date signed 7/12/45

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

1208

Licensed Embalmer's Statement on Reverse Side

8-45-160

MISSOURI DEPARTMENT OF HEALTH

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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 H. S. McCann

Licensed Embalmer No. 2727

P. O. Address Carruthersville 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.