

S. No. 2
M-3-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27613
State File No. _____
Registrar's No. 121

Registration District No. 383 Primary Registration District No. 5655

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
26452

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon
(c) Name of hospital or institution:
Missouri State Sanatorium
(d) Length of stay: In hospital or institution 119 days
In this community 119 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(d) Street No. 223 Gordon St.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Russell Edward Burnett
3. (b) If veteran, name war No 3. (c) Social Security No. 495-30-2820

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 25 year 1946 hour 5:20 minute A M.

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 May 12 1910

21. I hereby certify that I attended the deceased from March 29, 1946, to July 25, 1946
that I last saw him alive on July 25, 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>2</u>	<u>13</u>	hr. min.

Immediate cause of death Pulmonary tuberculosis Possibly 1 yr
Due to _____
Due to _____
Other conditions _____
Major findings: 13b!
Of operations _____

9. Birthplace Fulton Missouri
10. Usual occupation Pressing
11. Industry or business Cleaning and Pressing
12. Name John G. Burnett
13. Birthplace Callaway County Missouri
14. Maiden name Bessie Bruner
15. Birthplace Callaway County Missouri

PHYSICIAN
Underline the cause to which death should be charged statistically.
Bilateral Pul Tbc. with Bilat. cavitation, Tbc. peritonitis. Perforated ulcer of ileum.

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San, Mt. Vernon, Mo.
17. (a) removal (b) Date thereof July 25 1946
(c) Place: burial or cremation Columbia Mo
18. (a) Signature of funeral director H. D. Jassett
(b) Address Mt. Vernon Mo.
19. (a) 8-3-46 (b) CR Melbrier

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? _____
(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 G. F. Kuykawa M. D. or other Jus
Address Mt. Vernon, Missouri Date signed _____

FILED

RECEIVED
District Health Officer No. 6,
District File Number 846-877
Date Filed AUG 24 1946

AUG 27 1946

AUG 27 1946

JAN 31 1947

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: May L. Jassett
Licensed Embalmer No. 4252
P. O. Address: Mt Vernon N

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.