

APR 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10144
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 1309 Felix Registered No. 302
 (e) Length of residence in city or town where death occurred 72 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Virginia Burnes

(a) Residence, No. 1309 Felix St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1863
 7. AGE YEARS 76 MONTHS 0 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Calvin F. Burnes
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Catherine Hughes
 16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT Miss. Molly Riley (ADDRESS) 1309 Felix Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Bellefontaine Cem. PLACE St. Louis, Mo. DATE March 24, 1939

19. FUNERAL DIRECTOR (NAME) H. C. Sidenfaden & Son (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED MAR 27 1939 A. J. Heitbrink Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1939
 I HEREBY CERTIFY, That I attended deceased from Jan 26 1939 to Mar 21 1939
 I last saw h. alive on Mar 19 1939. Death is said to have occurred on the date stated above, at 3:07 P. M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach in 1938
Primary
46
 Date of onset

Other contributory causes of importance:
Met. Carcinoma of liver - Jan 39.
" " of Kidney
" " of Urinary bladder
 Name of operation None Date of No
 What test confirmed diagnosis Chem Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None
 (Signed) Frank J. Van Dyke, M. D.
 (Address) St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, *My self*

Robert P. Clarkson

or by

Registered Apprentice No. ***** working under my personal supervision.

Signed

Robert P. Clarkson

Licensed Embalmer No. 4028.

P. O. Address 1802 Union Str. St. Josep

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 licensè.)

If this body is not embalmed, above space should be left blank.