

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

10751
Do not use this space.

APR 13 1939

1. PLACE OF DEATH

(a) County Franklin Registration District No. 294
 (b) Township Central Primary Registration District No. 5409B
 (c) City or St. Clair (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. St. Clair Mo. R.R. #1 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ellen Burnett
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-20-1860
 7. AGE YEARS 78 MONTHS 4 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Warming
 10. Date deceased last worked at this occupation (month and year) 3/6/37 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pisquet Mo.

13. NAME James Burnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Mary Bogal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT T. Red Burnett
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL _____
 PLACE Prospect DATE 3/22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sherwood Kitchell
St. Clair Mo.

20. FILED April 8 1939 St. J. Duckworth
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/22 1939

22. I HEREBY CERTIFY That, I attended deceased from 3/17 1939 to 3/22 1939
 I last saw him alive on 3/22 1939. Death is said to have occurred on the date stated above, at 6 P.M.
 The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency
Influenza
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation no clinical Date of _____
 What test confirmed diagnosis? Clinical 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? no
 Specify _____
 (Signed) W. E. Kitchell, M. D.

(Address) St. Clair Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-1-35 I X18605

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.....

Samuel William Hitchel

Licensed Embalmer No. *3873*

P. O. Address *St. Clair, 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, above space should be left blank.