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.

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

24474
Do not use this space.

REC'D AUG 7 1939

1. PLACE OF DEATH
(a) County Jackson, 2 Registration District No. 399
(b) Township Kaw, 1 Primary Registration District No. 1002 Registered No. 2687
or
(c) City Kansas City, Mo. (d) Street No. 3813 Highland, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 653 Mrs. Margaret Burnett,
(a) Residence, No. 3813 Highland, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Burnett,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 15, 1852

7. AGE: YEARS 86 | MONTHS 11 | DAYS 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
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) (STATE OR COUNTRY): Wales, 4

FATHER
13. NAME: Morgan Harris, 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales, 9

MOTHER
15. MAIDEN NAME: Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown,

17. INFORMANT (ADDRESS): Lora Burnett, 3813 Highland, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem. DATE 7/8/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stine & McClure, 3235 Gillham Plaza, K. C., Mo.

20. FILED July 5 1939 M. M. Crome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 5th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 1936, 19..., to July 5, 1939
I last saw her alive on July 4, 1939 Death is said to have occurred on the date stated above, at 1:00a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardosis	3 yrs.
93.5	
Other contributory causes of importance: Rheumatism	
Arteriosclerosis	18 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....
(Signed) Dr. John C. Skinner, M. D.
(Address) 1402 Bryant

(Licensed Embalmer's Statement on Reverse Side)

I X16805

Dr. John Skinner.
Bryant Bldg
Vic 7010

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.....

Licensed Embalmer No.....

P. O. Address.....

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.