

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 22 1942

Registration District No.

Primary Registration District No. 6018A

Registrar's No. 30

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town
(c) Name of hospital or institution:
State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Route 1, Broseley, 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 AMOS HARDIN BURNELL (BRUNELL)

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Eva 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased August 6th 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 22 hr. min.

9. Birthplace Greene Co., Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Frank Burnell
13. Birthplace Unknown France
(City, town, or county) (State or foreign country)
14. Maiden name Louiza Catherine Stewart
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital #4 Records
(b) Address Farmington, Missouri
17. (a) Burial (b) Date thereof 4-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashville Cemetery, Poplar Bluff, Mo.

18. (a) Signature of funeral director Frank's Mortuary
(b) Address Poplar Bluff, Mo.

19. (a) 4-3-42 (b) Byrchie S. Bukhmaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1942 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from 3-13-42
19... to 4-1-42 19...
that I last saw him alive on 4-1-42 19...
and that death occurred on the date and hour stated above.

Immediate cause of death
Serious psychosis 2 yrs
Terminal apoplexy & embolism
(Cerebral softening)
Due to

Other conditions...
(Include pregnancy within 3 months of death)

Major findings: no 83a
Of operations

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(b) Date of occurrence NO
(c) Where did injury occur? NO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
NO
(Rural) (Specify type of place)
23. Signature G. TIVIS GRAVES, JR. (M.D. or other)
Address Farmington, Mo. Date signed 4/1/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1196

APR 22 1942

RECEIVED

District Health Officer No. 4
District File Number 442-52
Date Filed 4-21-42

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 *Howard A. Cooper*

Licensed Embalmer No. *3996*

P. O. Address *412 Vine St. Poplar Bluff*

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.