

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 542

Primary Registration District No. 36355935

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Vicksburg
(c) Name of hospital or institution: St. Mary's Hospital
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Edna Jean Burnett

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Single
7. Birth date of deceased June 21, 1942
(Month) (Day) (Year)

8. AGE: Years 1 Months 15 Days 15 If less than one day hr. min.

9. Birthplace Vicksburg, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Oscar Burnett
13. Birthplace Hot Springs, Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Edna Jean Wagner
15. Birthplace Plains, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Burnett
(b) Address Vicksburg

17. (a) Burial (b) Date thereof 7-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagner Cemetery

18. (a) Signature of funeral director W. E. Cunningham
(b) Address Union, Mo.

19. (a) 7-18-42 (b) Edna Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe
(c) City or town Rural - Johnson
(If outside city or town limits, write "RURAL")
(d) Street No. Country Route
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 5 day year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him or alive on July 4, 1942, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Yellow Jaundice
patient brought to office one time.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature Dr. J. H. Jones (M. D. or other)

Date signed July 10, 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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, fact should be so stated above.