W. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2235

FILED FEB 14 1944

Registration District No. 44 — Primary Registration District No. 4061 — Registrar's No. 2

13
0
0

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

1. PLACE OF DEATH:
(a) County Caldwell,
(b) City or town Braymer,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Church Ave., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Past Sixty five years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Caldwell, 13 0 0
(c) City or town Braymer,
(If outside city or town limits, write "RURAL")
(d) Street No. Church Ave.,
(If rural, give location)
(e) Citizen of foreign country? ✓ ✓ (Yes or No)
If yes, name country ✓ ✓ ✓

3. (a) PRINT FULL NAME Minnie Helen Burnett,
3. (b) If veteran, name war ✓ ✓ 3. (c) Social Security No. ✓ ✓

4. Sex Female, 5. Color or race White, 6. (a) [redacted], married, [redacted] Married
6. (b) Name of husband or wife Chas. M. Burnett, 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased May, -1st., -1870-
(Month) (Day) (Year)

8. AGE: Years 73 | Months 8 | Days 0 | If less than one day ✓ hr. ✓ min.

9. Birthplace Davies County, Missouri, 6
(City, town, or county) (State or foreign country)
10. Usual occupation House-Wife,
11. Industry or business House-Keeping,
FATHER
12. Name William McKim,
13. Birthplace ..... Pa. /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Barcley,
15. Birthplace Wilkes Berry. Penna. /
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ruth Eichler,
(b) Address Braymer, Mo.,
17. (a) --Burial------- (b) Date thereof Jan.-4-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cemetery,
18. (a) Signature of funeral director E. P. Michael
(b) Address Braymer, Mo.
19. (a) Jan 8-1944 (b) E. A. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2nd year 1944 hour 2 minute 2 M.
21. I hereby certify that I attended the deceased from Jan 1, 1944 to Jan 1, 1944 that I last saw her alive on Jan 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days
Due to
Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings: Of operations None 8 3 a
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
(Specify type of place)
While at work No (e) Means of injury None
23. Signature Cardinal B. Hookey Jr. (M. D. or other)
Address Braymer Mo. Date signed 1/3-1944

1151

(Licensed Embalmer's Statement on Reverse Side)

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, [redacted] ; ~~Registered Apprentice No.~~ ; working under my personal supervision.

Signed Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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, fact should be so stated above.