

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED MAY 2 1945

Registration District No.

Primary Registration District No. 5134

Registrar's No. 460

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Ind. (Ill.)
(c) Name of hospital or institution St. Joseph Hosp.
(d) Length of stay: In hospital or institution abt 35 yrs.
In this community abt 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town Revere
(d) Street No. RFD #2
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME

JAMES - N - BURTNETT

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

20. DATE OF DEATH: Month April day 25 year 1945 hour 5:20 minute P M.

21. I hereby certify that I attended the deceased from Apr 23 1945 to Apr 25 1945 that I last saw him alive on Apr 21 1945 and that death occurred on the date and hour stated above.

4. Sex M 5. Color of hair Blk 6. (a) Single, widowed, married, divorced Mar!
6. (b) Name of husband or wife Kellee G. 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Nov. 26 (Month) 19 (Day) 97 (Year)

Immediate cause of death Pneumonia
Due to hypertension
Due to

Duration
?
?

8. AGE: Years 67 Months 4 Days 28 hr. min.

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

10. Usual occupation Retired Employee

11. Industry or business Goebau - Springfield, Mo

12. Name Marion Burtnett

13. Birthplace Andrew Co. Mo

14. Maiden name Margaret Hale

15. Birthplace Andrew Co. Mo

16. (a) Informant Mrs. W. Burtnett

(b) Address 13 St. Joseph Mo

17. (a) (b) Date there Apr 28 1945

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Glenn F. ...

(b) Address St. Joseph Mo

19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Leroy Burtnett (M. D. or other)

Address King Hill Mo Date signed 4/24/45

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

MOTHER FATHER

Dr Beck

11/11/14
11/11/14

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

John Roy Stamer

Licensed Embalmer No. *2435*

P. O. Address. *St Joseph*

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.