S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21458

Registration District No. 324 | Primary Registration District No. 6093 | Registrar's No. 94

1. PLACE OF DEATH:

(a) County Saline
(b) City or town ~~Marshall~~ Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mary Fuqua
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Billy Gene Burnett
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 5th, (Day) 1929 (Year)

8. AGE: Years 15 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER
12. Name Homer L. Burnett
13. Birthplace Ray County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Margaret Mittie
15. Birthplace Lexington (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Homer L. Burnett
(b) Address Lexington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Missouri
18. (a) Signature of funeral director Campbell Lewis
(b) Address Marshall, Mo.
19. (a) 6-7-45 (Date received local registrar) (b) Mrs T. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
year 1945 hour 12 minute 30 p. M.
21. I hereby certify that I attended the deceased from held inquest ~~April~~ 6, 1945, 19
that I last saw h ✓ alive on , 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accidently killed by Mo. Pacific R.R. train	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes - 16 yrs

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) Accident
(b) Date of occurrence June 6, 1945
(c) Where did injury occur? Marshall (City or town) Saline (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Mo. Pacific R.R. track. West of Miami R.R.C.
(Specify type of place)
While at work? Yes (e) Means of injury
23. Signature C. L. Lawless Coroner Saline Co. (M. D. or other)
Address Marshall Mo. 3 Date signed 6-6-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/11/45

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 Jas. H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall 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.