

S. No. 2
M-2-43
7-5-17-39
X3587

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 22 1946 STANDARD CERTIFICATE OF DEATH

State File No. **22675**
Registrar's No. **159**

Registration District No. **38**

Primary Registration District No. **3006**

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Noyes Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
(If outside city or town limits, write "RURAL")
 (d) Street No. 1119 University Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN MIKEL 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 1
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 7 - 8 - 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 16 hr. 30 min.

9. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Marvin E. Burnett
 13. Birthplace Ashland Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Bessie Mae Barnhart
 15. Birthplace McBaine Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin E. Burnett
 (b) Address 1119 University, Columbia, Mo.

17. (a) Burial (b) Date thereof 7-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parer Funeral Service
 (b) Address Columbia, Mo.

19. (a) 7-10-46 (b) Mrs R. E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 8
 year 1946 hour 5 minute _____ P. M.
 21. I hereby certify that I attended the deceased from July 8, 12:25 PM to July 8, 19:46
 that I last saw him alive on July 8, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Pre-mature infant, 6 1/2 months
 Duration _____
 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 Marvin E. Cooper (M. D. or other) MD
 Address Columbia, Mo Date signed July 10 1946

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

21539

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-19-46

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 *M. S. Phitsides*.....

Licensed Embalmer No. 3893.....

P. O. Address Columbus 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.