

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19956

State File No.

Registration District No. 374

Primary Registration District No. 4548

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Worth Missouri - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (No)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)
In this community Entire Life
years, months or days

3. (a) PRINT FULL NAME Katherine Jarette Burnett

3. (b) If veteran, name war (check) 3. (c) Social Security No. None

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jerric Burnett 6. (c) Age of husband or wife if alive Not alive

7. Birth date of deceased November 28 - 1853
(Month) (Day) (Year)

8. AGE: Years 93 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Richard Mc Clisp

13. Birthplace Meiland State
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jim Burnett

(b) Address Giant City Mo

17. (a) Burial (b) Date thereof May 20 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Snider Cemetery

18. (a) Signature of funeral director John Anderson

(b) Address Giant City Mo

19. (a) June 3 - 1947 (b) L. E. Dawson
(Date received local registrar) (Registrar's signature) 2115

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113
(c) City or town Rural - Worth Mo
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1947 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Feb 1 1947 to May 18 1947
that I last saw him alive on May 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Remission
3 day

Due to old age.

Due to 108

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) (Means of injury)

23. Signature Charles M. Williams (M. D. or other)

Address Beatty Mo Date signed 6-2-47

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

John Andrews....., Registered Apprentice No.....,
working under my personal supervision.

Signed John Andrews.....

Licensed Embalmer No. 4211.....

P. O. Address Grant City 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.