

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

File No. **3838080**
Registrar's No. **362**

FILED NOV 27 1946

Registration District No. 316

Primary Registration District No. 3059

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

1. PLACE OF DEATH:
 (a) County St. Francis Co.
 (b) City or town Bonne Terre, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bonne Terre
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 days
 (Specify whether
 In this community 11 days
 years, months or days)

3. (a) PRINT FULL NAME Kennett Burns
3. (b) If veteran, L name war
3. (c) Social Security No. 498-05-7488

4. Sex M **5. Color or race** W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Laura Burns
6. (c) Age of husband or wife if 63 1/2 years
7. Birth date of deceased. Aug. 25 1877
 (Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 22
 If less than one day
 hr. min.

9. Birthplace. Roer Run, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation. Mechanic

11. Industry or business. St. Joe Lead Co.

12. Name. Wm Perry Burns

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

14. Maiden name. Mrs. G. Alexander

15. Birthplace. Not known
 (City, town, or county) (State or foreign country)

16. (a) Informant. x Vera Burns

(b) Address. Toas, Mexico

17. (a) Burial **(b) Date thereof.** 11-19-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Ed. Kelly's Cemetery

18. (a) Signature of funeral director. W. H. Holt

(b) Address. Fredericktown, Mo.

19. (a) 11-20-46 **(b) Esther Rudloff**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Madison
 (c) City or town Fredericktown, 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 Nov. day 17 year 1946 hour _____ minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 6, 1946, to Nov. 17, 1946
 that I last saw him alive on Nov. 17, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: ACUTE PERFORATION OF STOMACH. Duration 11 days

Due to CARCINOMA OF STOMACH ?

Due to _____

Other conditions: CHRONIC MYOCARDITIS ?
 (Include pregnancy within 3 months of death)

Major findings: CARCINOMA FOUND AT OPERATION. **PHYSICIAN**
 Of operations _____ Underline the cause to which death should be charged statistically.
 Of autopsy 4/6

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. H. W. Roebber, M.D. (M. D. or other) M.D.

Address. BONNE TERRE, MO. Date signed 11/20/46

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RECEIVED

Health Officer No. 4
File Number 1146-2905
Date Filed 11-26-46

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 John H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, Md.

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.