. S. No. 2
I—11-10-39
v. 5-17-39
I X21492
49

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18764

Registration District No. 411

Primary Registration District No. 5869

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper Galena Tr.

(b) ~~City or town~~ Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Castle Rock
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community 39 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? ---------- years.

3. (a) PRINT FULL NAME Thomas Grant Burnett 653

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 Married

6. (b) Name of husband or wife Hattie Louise Burnett

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased September 3, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	8	19	hr. min.

9. Birthplace Grayston Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Groceryman & Dairyman

11. Industry or business Retired 9

FATHER
12. Name Henry Burnett 1
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hattie Burnett
(b) Address Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-40
(Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address 212 Joplin St., Joplin, Mo.

19. (a) 5-22-40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1940 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from May 12, 1940, to May 22, 1940
that I last saw him alive on May 17, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to	
Due to 97	
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? 372
(Specify type of place)
While at work? (e) Means of injury

23. Signature C D B Chapman (M. D. or other) MD
Address Joplin, Mo Date signed 5-22-40

(Licensed Embalmer's Statement on Reverse Side)

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 Sam E. Sweeney Jr.

Licensed Embalmer No. 4099

P. O. Address Joplin 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, above space should be left blank.