

10-39  
17-39  
X21492

State File No. \_\_\_\_\_

Registration District No. 79

Primary Registration District No. 5116

Registrar's No. 17

1. PLACE OF DEATH:

(a) County BOONE  
(b) City or town RURAL-BOURBON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community 17 yrs.  
years, months or days)

3. (a) PRINT FULL NAME WILLIAM BURNETTE  
653  
8. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife SARAH ADELIN 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased MARCH - 28 - 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Boone Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_  
12. Name WILLIAM BURNETTE 9  
13. Birthplace BOONE Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant William Burnette  
(b) Address 524 Kingdon Dr. St. Louis

17. (a) BURIAL (b) Date thereof 8-8-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Columbia, Mo.

18. (a) Signature of funeral director BARNES & BOOTHE  
(b) Address St. Louis, Mo.

19. (a) 8-7-1940 (b) C. L. Boothe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BOONE  
(c) City or town RURAL -  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6  
year 1940 hour 11 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Jan 1  
1940, to Aug 6, 1940  
that I last saw him alive on Aug 5, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia  
Due to Chronic nephritis

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 171

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 R. G. Woods (M. D. or other) \_\_\_\_\_  
Address Clark Mo Date signed 8-7-40

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

**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.....

Licensed Embalmer No. *40087*

P. O. Address *Sturgeon, 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.**