

2
3-40
-39
K23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11593**

Registration District No. **656**

Primary Registration District No. **5873**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Pemiscot**
(b) City or town **Steele Rural Coates Twp**
(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 _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **John William 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 **Widowed**

6. (b) Name of husband or wife **Josephine Burnett**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 16, 1858**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	4	23	hr. min.

9. Birthplace **Canelton Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER {

12. Name **William Burnett**

13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Cart**

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

16. (a) Informant **George Burnett**
(b) Address **Steele, Mo.**

17. (a) **Burial** (b) Date thereof **4/11/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Little Prairie**

18. (a) Signature of funeral director **German Undt. Co.**

(b) Address **Steele, Mo.**

19. (a) **4-15-1941** (b) **Tom Brigance**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot 78**
(c) City or town **Steele, Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **1/2 mile from city limits**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9**
year **1941** hour **11** minute **15** A. M.

21. I hereby certify that I attended the deceased from **Apr. 7**, 19**41** to **Apr. 9**, 19**41**
that I last saw him alive on **Apr. 9**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **3 days**

Due to _____
Due to _____

Other conditions **Malaria (Chronic)** 5 days
(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?

5 While at work? (Specify type of place)
(e) Means of injury _____

23. Signature **E. L. Taylor** (M. D. or other) **M.D.**
Address **Steele, Mo.** Date signed **4-10-41**

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

4-41-28

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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, 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.