

No. 2  
1-4-41  
17-39  
X26390

Registration District No. 427

Primary Registration District No. 4253

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Holden Madison  
(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 84 years (Specify whether years, months or days)

In this community 84 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson <sup>051</sup>

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

(d) Street No. South Market St.  
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME Richard Tate Burnett

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8  
year 1941 hour 9:00 minute ✓ A.M.

21. I hereby certify that I attended the deceased from July 25 1941 to Aug 8 1941  
that I last saw him alive on Aug 8 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Mae Burnett

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: Dec 4 1856  
(Month) (Day) (Year)

Immediate cause of death: Arteriosclerotic Heart Disease

Due to.....

Due to.....

Other conditions: Prostatism  
(Include pregnancy within 3 months of death)

8. AGE: Years 84 Months 8 Days 3  
If less than one day hr. min.

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

10. Usual occupation: Blacksmith

11. Industry or business: ✓

12. Name: Unknown

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

14. Maiden name: Jennie Chandler

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

16. (a) Informant: Mrs R.A. McLean

(b) Address: Holden Mo

17. (a) Burial (b) Date thereof: Aug 10-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Holden Cemetery

18. (a) Signature of funeral director: M. Goodman

(b) Address: Holden Mo

19. (a) Aug 10, 1941 (b) Mrs B.V. Redford  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....

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: Kelly Rawlins (M. D. of Mo)  
Address: Holden Mo Date signed: 8/9/41

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9-11-41

**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 Samuel B. Royce

Licensed Embalmer No. 4044

P. O. Address Holdens, 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.**