

Registration District No. **97**

Primary Registration District No. **4153**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Dade**
(b) City or town **Lockwood**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lockwood**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** **1**
(Specify whether
In this community **69** years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dade**
(c) City or town **Lockwood**
(If outside city or town limits, write "RURAL")
(d) Street No. **Lockwood**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **NO**

3. (a) PRINT FULL NAME **George Horace Burnett**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 15 1974**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 19 hr. min.

9. Birthplace **Dade County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Agriculture**

12. Name **Levander Burnett**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Elvira Divine**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Burnett**
(b) Address **Lockwood, Mo.**

17. (a) **Burial** (b) Date thereof **9-5-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Collins Cemetery**

18. (a) Signature of funeral director **Thad Funeral Home**
(b) Address **Greenfield, Mo.**

19. (a) **Sept 4, '43** (b) **Reverese Miller**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **3**
year **1943** hour **6** P. M. minute _____ M.

21. I hereby certify that I attended the deceased from **Aug 21** 19**43**, to **Sept 3** 19**43**
that I last saw him alive on **Aug 21** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis of intestines** Duration _____

Due to _____

Due to _____

Other conditions **15**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 **Jamie A. Wren** (M. D. or other) _____
Address **Lockwood Mo** Date signed _____

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

MOTHER FATHER

29
00

RECEIVED

District Health Officer No. 6,

District File Number 1043-1132

Date Filed OCT 2 1943

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. Senevey
Licensed Embalmer No. 4099
P. O. Address Greenfield 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.