

FILED NOV 6 1945

Registration District No. 38 Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
401 Ann St. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 Years
 In this community 40 Years
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL")
401 Ann St.
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME WILLIAM FRANKLIN 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 Aggie Belle Johnson Burnett 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 10 - 24 - 1869
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
 year 1945 hour 9 minute 45 P.M.
 21. I hereby certify that I attended the deceased from July 1 - 1940 to Oct - 17, 1945
 that I last saw him alive on Oct - 17, 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocarditis
 Duration _____

8. AGE: Years Months Days If less than one day
75 11 23 hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Boone County Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer
 11. Industry or business _____
 12. Name John Burnett
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

Major findings: Of operations none
 Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ory E. Burnett
 (b) Address 401 Ann St., Columbia, Mo.
 17. (a) Burial (b) Date thereof 10-19-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Salem Cemetery
 18. (a) Signature of funeral director Palmer Funeral Service
 (b) Address Columbia, Mo.
 19. (a) 10-19-45 (b) Mrs. R. E. Palmer
 (Date received local registrar) (Registrar's signature)

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 J. C. Suggitt (M. D. or other) in D
 Address Columbia, Mo. Date signed 10-18-45

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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

Thomas L. Lanning

Licensed Embalmer No.

4132

P. O. Address

Lanham, 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.