

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44817

Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 893
(b) Township Carman Primary Registration District No. 6196
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ann Burnett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>89</u>	YEARS <u>10</u>	MONTHS <u>28</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Fanner</u>		9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Greenville, O</u> (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Eligia Burnett</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Not Known</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>9</u> (STATE OR COUNTRY)		
17. INFORMANT <u>John L. Burnett</u> (ADDRESS) <u>Warren, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wards Run</u> DATE <u>3-14</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR <u>Friends & neighbors</u> (ADDRESS) <u>Warren, Mo.</u>		
20. FILED <u>1-5</u> 19 <u>39</u> <u>J. In Paulus</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-7 1938, to 3-13 1938

I last saw him alive on 3-7 1938 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis
and Cor Pulmonale

Date of onset

Other contributory causes of importance: 108

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) T. B. Pyle M. D.

(Address) Piedmont, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)