

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 12111Registration District No. 7Primary Registration District No. 522

Registrar's No.

1. PLACE OF DEATH:

- (a) County Ralls
 (b) City or town New London Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Volney Gore 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 Married6. (b) Name of husband or wife Donnie Burnett 6. (c) Age of husband or wife if alive 67 years7. Birth date of deceased September 18, 1875
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
64 6 17 hr. min.9. Birthplace Paris Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Printer

11. Industry or business _____

12. Name Joe Burnett13. Birthplace Virginia
(City, town, or county) (State or foreign country)14. Maiden name Fannie Gore15. Birthplace Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant's own signature W. Burnett(b) Address New London Missouri17. (a) Burial, cremation, or removal Burial (b) Date thereof _____
(Month) (Day) (Year)(c) Place: burial or cremation Barkley Cemetery18. (a) Signature of funeral director Clarence Smith(b) Address 902 Broadway Hannibal Mo.19. (a) Apr 6, 1940 (b) Blanche Morgan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ralls
 (c) City or town New London Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1940 hour 6 minute 30 AM.21. I hereby certify that I attended the deceased from
Jan 1, 1940 to April 5, 1940
that I last saw him alive on April 4, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Heart Failure Duration _____Due to Bright's Disease 1926Due to Hypertension

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

Major findings: Of operations 101

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? 653While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature H. J. Waters (M. D. or other) _____Address New London, Mo Date signed 4-6-40

RECEIVED

District Health Officer No. 10

District File Number 4-40-790

Date Filed APR 10 1940

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.....

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Hannibal Missouri

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, above space should be left blank.