

Registration District No. 15-73Primary Registration District No. 5781Registrar's No. 11

## 1. PLACE OF DEATH:

- (a) County MONROE  
 (b) City or town RURAL - JEFFERSON TWP.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
12 MI. E. OF PARIS, MO.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether

In this community \_\_\_\_\_  
years, months or days)3. (a) PRINT FULL NAME GRUNDY W. BURNETT

8. (b) If veteran, name war  3. (c) Social Security 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 JUNE 24, 1878  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>10</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace MONROE CO., MO.  
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

## 11. Industry or business

12. Name JOHN QUINCY BURNETT  
 13. Birthplace KY.  
 14. Maiden name MARY ALICE HUGHES  
 15. Birthplace MONROE CO., MO.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jessie Howell  
(b) Address NEYADA, IOWA17. (a) BURIAL (b) Date thereof MAY 17, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation VICTOR, MO.18. (a) Signature of funeral director Spurlin & Blakely, 515  
(b) Address PARIS, MO.19. (a) MAY 16, 1940 (b) P. P. Thompson  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County MONROE  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 12 MI. E. OF PARIS, MO.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ?  years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 16  
year 1940 hour 1 minutes P. M.21. I hereby certify that I attended the deceased from Oct 18 - 39  
19 to May 16 1940  
that I last saw him alive on Nov 28 1940  
and that death occurred on the date and hour stated above.

## Immediate cause of death

Cerebral Thrombus days  
Arteriosclerosis

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy NO

## 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 John Brown (M. D. or \_\_\_\_\_)  
Address PERRY, MO. Date signed 5-16-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

---

---

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 E. H. Agnew.....

Licensed Embalmer No. 4000.....

P. O. Address Paris, 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, above space should be left blank.**