

SEP 19 1940
Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 206

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Sugar Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10621 Worledge
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Sugar Creek
(If outside city or town limits, write "RURAL")
(d) Street No. 10621 Worledge
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME George H. Burnett
8. (b) If veteran, name war none
8. (c) Social Security No. 486-03-0968

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug, day 16, year 1940 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 16, 1940, 1940, to Aug 16, 1940
that I last saw him alive on Aug 16, 1940
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
7. (b) Name of husband or wife Margaret Burnett alive 52 years
7. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 18 - 1872
(Month) (Day) (Year)

Immediate cause of death Carcinoma of prostate & metastases to pelvic bones 6 mos
Due to _____
Due to 51
Other conditions uremia & cachexia
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____
Of autopsy none

8. AGE: Years 68 Months 3 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Harrisville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business _____

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own name Mrs Margaret Burnett
(b) Address 10621 Worledge

17. (a) Funeral (b) Date thereof 8-18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worledge Cem

18. (a) Signature of funeral director George C. Cannon
(b) Address Independence Mo

19. (a) Aug 19 40 (b) J. L. Cook
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
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?
5111

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature W. L. Cook (M. D. or other) _____
Address 10507 Independence Date signed 8/17/40

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

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.

REV. 3-17-39
1 X1951

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 Ralph E. Miller
Licensed Embalmer No. 4124
P. O. Address 3rd St., 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.