

7 SEP 23 1940
Registration District No. 444Primary Registration District No. 4286Registrar's No. 28

1. PLACE OF DEATH:

(a) County LEWIS
 (b) City or town CANTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) 91
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 13 yrs years, months or days)

3. (a) PRINT FULL NAME WILLIAM STOWERS BURNETT3. (b) If veteran, name war CIVIL WAR 3. (c) Social Security No. NONE4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____6. (b) Name of husband or wife D. NELSON BURNETT 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased APRIL (Month) 1 (Day) 1846 (Year)8. AGE: Years 94 Months 4 Days 15 If less than one day _____ hr. _____ min.9. Birthplace LEWIS COUNTY MISSOURI (City, town, or county) (State or foreign country)10. Usual occupation RETIRED FARMER11. Industry or business FARMING12. Name GEORGE GIVENS BURNETT13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)14. Maiden name MARY STOWERS15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)16. (a) Informant's own signature J. W. Denniston(b) Address 7344 Blum Ave. Richmond Heights Mo17. (a) burial (b) Date thereof Aug 18 1940 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation LEWISTOWN Mo.18. (a) Signature of funeral director James A. Coder(b) Address Lewistown Mo.19. (a) Aug 17-1940 (b) J. W. Jennings M.D. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1940 hour 8 minute 30 A. M.21. I hereby certify that I attended the deceased from Aug. 10, 1940, to Aug. 16, 1940 that I last saw him alive on Aug. 15, 1940 and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage Duration _____Due to ARTERIO-SCLEROSIS

Due to _____

Other conditions (Include pregnancy within 3 months of death) J. W.

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) no

(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? GR

(e) Means of injury _____ (Specify type of place)

While at work? _____

23. Signature P. W. Jennings (M. D. or other) Address Canton Mo. Date signed 8/17/40

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 W. J. Lely
....., Registered Apprentice No.

working under my personal supervision.

Signed James A. Lely
.....

Licensed Embalmer No. 2537

P. O. Address Lewiston Me

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.