

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 268

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence San. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 12 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence  
(If outside city or town limits, write "RURAL")

(d) Street No. 11532 East 19 St  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Spotswood Dunsmore BURNETT

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1940 hour 1 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct. 14-40 to Oct. 28-40 that I last saw her alive on Oct. 27-40 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife E. Burnett 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: Feb. 29 1859  
(Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis

Due to Senility

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 7 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Berford County, Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business stock feeder

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER

12. Name Williamson A. Burnett

13. Birthplace no record Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Celia Nance

15. Birthplace no record  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

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

23. Signature W. L. Cook (M. D. or other) md  
Address 10307 Independence Date signed 10/28/40

16. (a) Informant Cora E. Burnett

(b) Address 11532 East 19 St

17. (a) Burial (b) Date thereof 10/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Stogie C. Carson

(b) Address Independence, Mo.

19. (a) Oct. 30, 40 (b) W. L. Cook  
(Date received local registrar) (Registrar's signature)

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**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.....

*Raymond N. Martin*

Licensed Embalmer No.....

*4150*

P. O. Address.....

*Independence 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, fact should be so stated above.**