

9-4-41
5-17-39
I X29484

State File No.

FILED OCT 20 1942

Registration District No. 43

Primary Registration District No. 5135

Registrar's No.

1. PLACE OF DEATH:

(a) County: Butler (Rural)

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

(c) Name of hospital or institution: 1 Ash Hill Hosp. (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

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Butler

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: ELIZABETH BURNETT

3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

4. Sex: F 5. Color or race: W 6. (a) Single, widowed, married, divorced: W 2

6. (b) Name of husband or wife: William Burnett 6. (c) Age of husband or wife if alive: Deceased years

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

AGE:	Years	Months	Days	If less than one day
				hr. min.

9. Birthplace: Dawsonspg Ky 1 (City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business

12. Name: Isaac Cantrell

13. Birthplace: Boyl Kentucky (City, town, or county) (State or foreign country)

14. Maiden name: _____

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

16. (a) Informant: James H. Jones

(b) Address: Carlin MO Rt 1

17. (a) Burial (b) Date thereof: 9-13-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Stanfield cemetery

18. (a) Signature of funeral director: James H. Jones

(b) Address: Carlin MO

19. (a) 9-13-42 (b) J. Jones (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 11 year: 1942 hour: _____ minute: _____ M.

21. I hereby certify that I attended the deceased from Sept 11 1942 that I last saw W alive on Sept 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac asthma Duration: Years

Due to: _____

Due to: 95c²

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

Major findings: _____ Of operations: _____

Of autopsy: _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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: U

23. Signature: W. J. Rutledge (M. D. or other) Address: Carlin MO Date signed: 9/14/42

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

12
0
0

12
0
0

92

RECEIVED
District Health Office No. 2,
District File Number 1042-1319
Date Filed 10-15-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33315

Registration District No. 43

Primary Registration District No. 5135

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Quincy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ash Hill top
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Burnett

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Wm. Burnett 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ min.

9. Birthplace Danville Ky
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Isaac Cantrell

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

14. Maiden name Boyd

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

16. (a) Informant James A. Jones Rd-1

(b) Address Quincy, Mo.

17. (a) Burial (b) Date thereof 9-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Starfield Cemetery

18. (a) Signature of funeral director Clayd Russell

(b) Address Piggott, Mo.

19. (a) 1-25-43 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Butler
(c) City or town Quincy rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I first saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac asthma Duration 9 mo

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature W. J. Rutledge (M. D. after)

Address Campbell, Mo. Date signed 9-12-42

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

SUPPLEMENTARY

1880

1880