

FILED MAR 29 1943

State File No. _____

Registration District No. 1970

Primary Registration District No. 5630

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution:
P. 2. LEBANON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 32 YRS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LACLEDE

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

(d) Street No. P. 2. LEBANON Mo
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MATTHEW BURNETT

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

4. Sex M 5. Color or Face W 6. (a) Single, widowed, married, 2 divorced Widower

6. (b) Name of husband or wife KATIE WARNER 6. (c) Age of husband or wife if alive, years _____

7. Birth date of deceased Oct. 11 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace ILL 1
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN BURNETT

13. Birthplace NOT KNOWN U.S. 1
(City, town, or county) (State or foreign country)

14. Maiden name ADELINE FIELDS

15. Birthplace NOT KNOWN U.S. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B.E. Wright

(b) Address P. 2. LEBANON MO

17. (a) REMOVAL (b) Date thereof 3-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAMAR MO

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) 3-13-43 (b) Grace Rapier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 12th
year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-3 1942 to 3-12 1943
that I last saw him alive on 2-26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, parotid gland, left Duration 8 mos.

Due to 55e

Due to _____

Other conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations Malignant tumor left parotid gland 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) (c) Means of injury 0

23. Signature H. S. Wolanczyk (M. D. or other) MD.
Address Lebanon, Mo Date signed 3-13-43

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

Received 170

Laclede County Health Unit

File No. 3-43-38

Date Filed 3-24-43

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..... *Allyn Dethorne*

Licensed Embalmer No. 4333

P. O. Address..... *Lebanon 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.