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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14734

Registration District No. 178 | Primary Registration District No. 4286 | Registrar's No. 41

56 2 0

1. PLACE OF DEATH:

(a) County: Lewis

(b) City or town: La Grange (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)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days)

In this community: 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lewis

(c) City or town: La Grange (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: 1

3. (a) PRINT FULL NAME: Thomas Q. Burtnett

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

4. Sex: Male | 5. Color or race: White | 6. (a) Single, widowed, married, divorced: Single

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

7. Birth date of deceased: December 30th. 1860 (Month) (Day) (Year)

8. AGE: Years: 82 | Months: 3 | Days: 3 | If less than one day: hr. min.

9. Birthplace: Rock Island (City, town, or county) Illinois (State or foreign country) /

10. Usual occupation: Engineer

11. Industry or business:

FATHER
12. Name: Spencer Burtnett
13. Birthplace: Covington (City, town, or county) Kentucky (State or foreign country) /

MOTHER
14. Maiden name: Hattie Hannam
15. Birthplace: Covington (City, town, or county) Kentucky (State or foreign country) /

16. (a) Informant: Mrs Webster
(b) Address: La Grange, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 6th. 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: La Grange, Missouri.

18. (a) Signature of funeral director: M. Hobbs
(b) Address: La Grange, Missouri.

19. (a) 4-20-43 (Date received local registrar) (b) P. W. Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 3rd year: 1943 hour: 10:30 PM minute: M.

21. I hereby certify that I attended the deceased from April 3rd 10:00 P.M. 1943 to April 3rd 11:00 PM 1943; that I last saw him alive on April 3rd 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocardial failure

Due to: Coronary Thrombosis

Due to:

Other conditions (Include pregnancy within 3 months of death): 93 8

Major findings:
Of operations:
Of autopsy:

Duration

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Frank D. Rollins (M. D. or other) D.O.

Address: La Grange, Mo. Date signed: 4-9-43

(Licensed Embalmer's Statement on Reverse Side)

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

A.A.Roberts, Registered Apprentice No.

working under my personal supervision.

Signed A.A.Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, Missouri.

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.