

FILED DEC 13 1943

Registration District No. **247**Primary Registration District No. **5839**Registrar's No. **36**

## 1. PLACE OF DEATH:

(a) County **Newton**  
 (b) City or town **Rural Granby Twp.**  
 (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  
 In this community.....  
 years, months or days)

3. (a) PRINT FULL NAME **Goldie Ethel Burnett**

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

4. Sex **Female** / race **White** / 5. Color or race  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Walter Lewis Burnett** 6. (c) Age of husband or wife if alive **52** years  
 7. Birth date of deceased **January 3, 1898**  
 (Month) (Day) (Year)

8. AGE: Years **45** Months **10** Days **2** If less than one day hr. min.9. Birthplace **Carroll County Arkansas**  
(City, town, or county) (State or foreign country)10. Usual occupation **Housewife**11. Industry or business **Own Home**

MOTHER FATHER { 12. Name **Robert H. Jones**  
 13. Birthplace **Bethany Missouri**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Cora Larkins**  
 15. Birthplace **Carroll County Arkansas**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Walter L. Burnett**  
(b) Address **Granby Missouri**17. (a) **Burial** (b) Date thereof **11-26-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Blue Eye Missouri**18. (a) Signature of funeral director **Barley Thompson**  
(b) Address **Neosho Missouri**19. (a) **Nov 24/43** (b) **Lulu Howard**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**  
 (c) City or town **Rural - Granby Twp.**  
 (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 **November** day **14**  
year **1943** hour **8:45** minute **P** M.21. I hereby certify that I attended the deceased from **November 2**, 19**43** to **Nov. 14**, 19**43**  
that I last saw her alive on **Nov. 14**, 19**43**  
and that death occurred on the date and hour stated above.Immediate cause of death **Uremia with convulsions**Due to **Acute nephritis**Due to **Acute toxemia**Other conditions **None**  
(Include pregnancy within 3 months of death)Major findings: Of operations **None**

Of autopsy.....

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.....23. Signature **Quallsale** (M. D. or other).....  
Address **Neosho, Mo.** Date signed **11-15**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 2

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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 *Barley Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neosho 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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. dec

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Newton  
 (b) City or town Rural  
(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 \_\_\_\_\_)  
 In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

**3. (a) PRINT FULL NAME** Galdie E. Burnett  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 52 year

7. Birth date of deceased Jan (Month) 19 (Day) 1903 (Year)

8. AGE: Years 45 Months 10 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

**MOTHER** { 12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)  
 (c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Registrar's signature)  
(Date received local registrar)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

**20. DATE OF DEATH:** Month Nov Day 14 Year 1943 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Wernica 2  
Convulsions  
acute nephritis  
 Due to acute toxemia  
 Due to This did not follow chronic nephritis. I do not know the  
 Other conditions cause of the acute nephritis  
(Include pregnancy within 3 months of death)

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

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 \_\_\_\_\_  
 23. Signature Donald R. Sale (M. D. or other)  
 Address Naosho, Mo. Date signed \_\_\_\_\_

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

**SUPPLEMENTARY**

**MEDICAL CERTIFICATION**

**PHYSICIAN**

Duration \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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