

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 824

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
7  
2  
6

1. PLACE OF DEATH:

(a) County... GREENE  
(b) City or town... Springfield  
(c) Name of hospital or institution... Springfield Baptist Hospital  
(d) Length of stay: In hospital or institution... 1 night  
In this community... 17.9ht

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Christian  
(c) City or town... Opark  
(d) Street No... None  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME... Timothy Paul Burnett

(b) If veteran, name war... No  
(c) Social Security No... none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Oct day... 16  
year... 1944 hour... 4 minute... 30 P.M.  
21. I hereby certify that I attended the deceased from... Oct 17, 1944 to... Oct 16, 1944  
that I last saw him alive on... Oct 15, 1944  
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... Meesee Burnett  
6. (c) Age of husband or wife if alive... 39 years  
7. Birth date of deceased... April 22, 1875

Immediate cause of death... intestinal obstruction  
Duration... 6 days

8. AGE: Years... 69 Months... 5 Days... 24  
hr... min...

Due to... unknown origin no operation at

9. Birthplace... UNK. Kentucky

Due to... 22 1/2

10. Usual occupation... Teacher

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

11. Industry or business

12. Name... John Burnett  
13. Birthplace... UNK. Kentucky  
14. Maiden name... Sarah Morris  
15. Birthplace... UNK. Kentucky

Major findings: Of operations...  
Of autopsy... no autopsy

16. (a) Informant... Elbise Burnett  
(b) Address... 2424 Johnson, Springfield

22. If death was due to external causes, fill in the following:

17. (a) Burial, cremation, or removal... Buried  
(b) Date thereof... 10-18-44  
(c) Place: burial or cremation... Western Cemetery

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

18. (a) Signature of funeral director... T. B. Chaffin  
(b) Address... Opark, Mo.

While at work? (Specify type of place).....  
(c) Means of injury... 0

19. (a) 10-20-44 (b) Dr. W. H. Buckley

23. Signature... R. R. Fathony (M. D. or other).....  
Address... Opark, Mo. Date signed... 10-20-44

**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: T. B. Chaffin

Licensed Embalmer No. 2198

P. O. Address Ozark 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.**