

FILED MAY 8 1945
Registration District No.

Primary Registration District No. 4775

Registrar's No. 26

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

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Oregon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt 44
(c) City or town Forest City, Mo.
(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:

3. (a) PRINT FULL NAME Henry Grant Burnett
3. (b) If veteran, name war: 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19 year 1945 hour 6 minute 45 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive, years 25 1868 (Day) (Year)

21. I hereby certify that I attended the deceased from July 20, 1944, to April 19, 1945; that I last saw him alive on April 18, 1945; and that death occurred on the date and hour stated above.

7. Birth date of deceased: August (Month) 25 (Day) 1868 (Year)
8. AGE: Years 76 Months 6 Days 24 If less than one day hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 30 days
Due to Essential Hypertension with thrombosis
Due to

9. Birthplace Fillmore Missouri (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Of operations none Of autopsy none Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name Marion Grant Burnett
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Margaret Noble
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lloyd Whipple
(b) Address Forest City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

18. (a) Signature of funeral director James H. Pettigrew
(b) Address Oregon, Mo.

(c) Where did injury occur? see injury (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

19. (a) 4-22-45 (Date received local registrar) (b) Pauline Dawson (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury fall
23. Signature C. F. Newmyer (M. D. or other) Address Osage, Mo. Date signed 4-21-45

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.....

James H. Pettigoh

Licensed Embalmer No. *3192*

P. O. Address. *Oregon 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.