

FILED JAN 14 1946

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1109 SHANKLIN AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 1109 Shanklin Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Agnes BURNETT
(b) If veteran, name war _____
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 28
year 1945 hour 1:00 minute _____ M.
21. I hereby certify that I attended the deceased from Nov 27
1945 to Nov 28 1945
that I last saw h _____ alive on Nov 25 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife John B. Burnett
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Dec 16 - 1867
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Colon Duration 3 1/4 months
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy H&E

8. AGE: Years 77 Months 11 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Grundy Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business Home

MOTHER FATHER
12. Name John H Hughes
13. Birthplace Union Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary McCree
15. Birthplace Grundy Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. A. Hughes
(b) Address Trenton Mo.

17. (a) burial (b) Date thereof Nov 30 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cem. Acad. Grundy Co, Mo.

18. (a) Signature of funeral director J. A. Danner
(b) Address Trenton Mo.

19. (a) 11-30-45 (b) Irene Saw
(Date received local registrar) (Registrar's signature)

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 E. O. Duffy (M. D. _____)
Address Trenton Mo. Date signed 12/2/45

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

60
1
2

RECEIVED

District Health Officer No. 11,

District File Number.....

Date Filed.....

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.....

working under my personal supervision.

My self

..... Registered Apprentice No.....

Signed.....

James A Davis

Licensed Embalmer No.....

3424

P. O. Address.....

Denton 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.