

FILED JUL 2 1946

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Lolay  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: His Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 41 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN H. BURNETT

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Male 5. Color White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mae Long Burnett 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased April 7 1864  
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 11 If less than one day hr min.

9. Birthplace Co. 1 County, Tenn.  
(City, town or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business

12. Name John M. G. Burnett

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

14. Maiden name Jane Holland

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

16. (a) Informant Mae Long Burnett

(b) Address 525 N. Gallatin Liberty Mo

17. (a) Burial (b) Date thereof June 20 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burns New Goshland Mo

18. (a) Signature of funeral director Chas. C. Archer Co

(b) Address Liberty Mo

19. (a) June 20 1946 (b) Minnie Haynes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Lolay 24  
(b) City or town Liberty 3  
(If outside city or town limits, write "RURAL")  
(c) Street No. 525 N. Gallatin 1  
(If rural, give location)  
(d) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1946 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from many years 19 to Jan 18 1946;  
that I last saw him alive on Jan 17 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5

Due to Heart arteriosclerosis

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 130

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?

While at work? (Specify type of place) (e) Means of injury Ⓞ

23. Signature W. H. Gadsden (M. D. or other)

Address Liberty Mo Date signed 6/20/46

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

18603

64

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-29-46

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty 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.