

No. 2  
-8-43  
5-17-39  
I X37823

FILED SEP 17 1947

Registration District No. **47** Primary Registration District No. **5164**

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

1. PLACE OF DEATH:

(a) County **CALLAWAY**

(b) City or town **FULTON**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**RURAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: **1** (Specify whether  
In this community **1** **WIFE**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CALLAWAY**

(c) City or town **RURAL**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R.F.D. 4 FULTON**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **WILLIAM ROBERT BURNETT**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **LULA MAE BURNETT**

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **DEC 10 1870**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **8** Days **16** If less than one day  
hr. min.

9. Birthplace **FULTON, MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

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

12. Name **J. R. BURNETT**

13. Birthplace **ASHLAND, MO.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth BOUNT**

15. Birthplace **FULTON, MO.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **HERBERT BURNETT**

(b) Address **FULTON, MO.**

17. (a) **BURIAL** (b) Date thereof **AUG 27 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CENTRAL CEMETERY**

18. (a) Signature of funeral director **Glenn Y. Manier**

(b) Address **212 Center St. Fulton, Mo.**

19. (a) **AUG 27 1947** (b) **Joan Moushley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **26**  
year **1947** hour **11:05** minute **AM**

21. I hereby certify that I attended the deceased from **Jan 1947** to **Aug 26**, 1947  
that I last saw him alive on **Aug 24**, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death **chronic Schistosomiasis (general)**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Paralysis agitans**  
(Include pregnancy within 3 months of death)  
**of several yrs**

Major findings:  
of operations \_\_\_\_\_  
Of autopsy **gn**

Duration \_\_\_\_\_  
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 **0**

23. Signature **H. J. Owen** (M. D. or other)  
Address **Fulton, Mo.** Date signed **8-27-47**

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed SEP 11 1947

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.....

*Theodore Skinner, Jr.*....., Registered Apprentice No. *53*  
working under my personal supervision.

Signed *Glen Y. Maupin*.....  
Licensed Embalmer No. *12925*  
P. O. Address *Fulton, 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.**