

REC'D OCT 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32082
Do not use this space.

1. PLACE OF DEATH

(a) County Dallas Registration District No. 247
 (b) Township Wilson Primary Registration District No. 5343 Registered No. 10
 (c) City Hong Lane (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ellen Burtin 6255
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victor Burtin

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1938, to Aug. 15, 1938

I last saw him alive on Aug. 15, 1938. Death is said to have occurred on the date stated above, at 2:30 p. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 1 - 1859

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 21

Valvular heart disease
 Date of onset 1936

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

120
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas County

Name of operation none Date of _____
 What test confirmed diagnosis? Physical Ex. Was there an autopsy? no

FATHER 13. NAME Victor Burtin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Ill.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

MOTHER 15. MAIDEN NAME 11

Specify whether injury occurred in industry, in home, or in public place. _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

Manner of injury _____
 Nature of injury _____

17. INFORMANT (ADDRESS) Claude T. Burtin
Hong Lane Mo

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue Ridge DATE Sept 23 1938

(Signed) [Signature], M. D.
 (Address) [Address]

19. FUNERAL DIRECTOR (NAME) (ADDRESS) [Signature]
[Address]

20. FILED 10-10-38 [Signature] Local Registrar.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-259

Date Filed 10-12-38

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.