89-3-19
14-49

REC'D APR 13 1938

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

10542
Do not use this space.

1. PLACE OF DEATH
(a) County Clinton Registration District No. 204
(b) Township Primary Registration District No. 3013 Registered No. 14
(c) City Cameron (d) Street No. 1120 West 4th St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 630 William C. Burt.
(a) Residence, No. 1120 West 4th. St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mollie Crawford Burt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 14, 1849

7. AGE: YEARS 89 | MONTHS 3 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

FATHER
13. NAME: Moses Burt.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey.

MOTHER
15. MAIDEN NAME: Mary Frances Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

17. INFORMANT (ADDRESS): C. M. Murray Cameron Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen DATE 3-5-1939, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. W. Poland Cameron

20. FILED Mch 4th, 1939 Dr C H Risley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3-1939, 19

22. I HEREBY CERTIFY, That I attended deceased from July 4 -, 1938, to Mar 2 -, 1939
I last saw him alive on March 2 -, 1939 Death is said to have occurred on the date stated above, at 1:20 A.M.
The principal cause of death and related causes of importance were as follows:

Atrophic Emphysema — Date of onset

93 C

Other contributory causes of importance:
Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. H. Stockfleth, M. D.
(Address) Cameron Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-42-38 1 X14028

Officer No. 11
39-330
APR 12 1939

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, Arthur H. Doolen, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Arthur H. Doolen

Licensed Embalmer No. 4032

P. O. Address Cameron, 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, above space should be left blank.