

Registration District No. 185

Primary Registration District No. 1001

Registrar's No. 866

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Meth. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME JOSEPH BURLINGTON 645

3. (b) If veteran, name war none

3. (c) Social Security No. 491-09-2621

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mary Burlington

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 25th. 1883  
(Month) (Day) (Year)

|         |           |          |           |                      |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years     | Months   | Days      | If less than one day |
|         | <u>57</u> | <u>0</u> | <u>11</u> | hr. _____ min. _____ |

9. Birthplace St. Joseph Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Master Mechanic

11. Industry or business Western Tablet Co.

MOTHER FATHER {

12. Name John Burlington

13. Birthplace unknown Scotland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Butler

15. Birthplace unknown England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary A. Burlington

(b) Address 618 S. 15th St. Joseph Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 8-9-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph Mo.

19. (a) 8/9/40 (Date received local registrar)

(b) J. J. Nestelbeul (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 4720 King Hill  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th. year 1940 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 26, 1938, to Aug 6, 1940, that I last saw him alive on Aug 5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis  
Coronary Occlusion  
Thrombosis

Duration May 1938  
Aug 5, 1940

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 85

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. J. Nestelbeul M.D. (M. D. or other) 1

Address St. Joseph, Mo. Date signed 8-8-40

**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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Leo C. Donald

Licensed Embalmer No. 3300

P. O. Address

St Joseph 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.**