

Registration District No. **104**

Primary Registration District No. **3008**

Registrar's No. **204**

FILED SEP 16 1940

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: **State Hospital # 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **27 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **George P. Burton**

3. (b) If veteran, name war **D.K.** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Mrs. George P. Burton** 6. (c) Age of husband or wife if alive **D.K.** years

7. Birth date of deceased **June 1 1866**
(Month) (Day) (Year)

8. AGE: Years **74** Months **2** Days **11** If less than one day hr. min.

9. Birthplace **D.K. MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **Store OWNER**

11. Industry or business **RESTAURANT**

12. Name **John T. Burton**

13. Birthplace **DK Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY Stoneberger**

15. Birthplace **DK MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hospital Records**

(b) Address **State Hospital # 1, Fulton**

17. (a) **BURIAL** (b) Date thereof **11/21/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **11/21/40**

18. (a) Signature of funeral director **Glen V. Mansin**
(b) Address **400 Cant St. Fulton, Mo.**

19. (a) **Aug. 12, 1940** (b) **R. N. Creva**
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**
(c) City or town **Auxvasse**
(If outside city or town limits, write "RURAL")
(d) Street No. **None** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **12**
year **1940** hour **7** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **July 17, 1940** to **AUG. 12, 1940**

that I last saw him alive on **AUG. 12, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death

UREMIA
Due to **ARTERIOLOSCLEROSIS of indefinite**
Kidneys

Due to _____
Other conditions (include pregnancy within 3 months of death) **1/21**

Major findings: Of operations **NO**
Of autopsy **NO**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **NO**

(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? **NO**

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

23. Signature **Forrest Thomas** (M. D. or other) **!**
Address **State Hospital # 1** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Walter P. Hedges

Registered Apprentice No. *263*

working under my personal supervision.

Signed.....

Glen Y. Manpin

Licensed Embalmer No. *2725*

P. O. Address *Fulton, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.