

Registration District No. **47**Primary Registration District No. **5070**Registrar's No. **18**

1. PLACE OF DEATH:

(a) County Bates
 (b) City or town Rural Deer Creek
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether
 In this community 24 years
 years, months or days)

3. (a) PRINT FULL NAME Elias Birston3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife Missie Maude Birston 6. (c) Age of husband or wife if alive 63 years7. Birth date of deceased Feb 9 1867
(Month) (Day) (Year)8. AGE: Years 73 Months 6 Days 27 If less than one day hr. min.9. Birthplace Taylorville Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Paton Birston13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Ella Bullard15. Birthplace Illinois
(City, town, or county) (State or foreign country)16. (a) Informant E. M. Birston(b) Address Adrian Mo17. (a) burial (b) Date thereof 9-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation burial Hill Cem18. (a) Signature of funeral director breath and dit(b) Address Adrian Mo19. (a) Sept 7-1940 (b) Ethel C Stephens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
 (c) City or town Rural Deer Creek
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1940 hour 5 AM minute _____ M.21. I hereby certify that I attended the deceased from Sept 6
1940 to Sept 6 1940
that I last saw him alive on Sept 6
and that death occurred on the date and hour stated above.Immediate cause of death Heart failure
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 50While at work? _____ (Specify type of place)
(e) Means of injury _____28. Signature Adrian Mo (M. D. or other) _____Address Adrian Mo Date signed 9/11/40

FILED OCT 11 1940

2002

RECEIVED

District Health Officer No. 7

District File Number 10-40-1385

Date Filed 10-7-40

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.....

Fred T. Breath

....., Registered Apprentice No.

working under my personal supervision.

Signed

Fred T. Breath

Licensed Embalmer No.

3343

P. O. Address

Adrian, Md

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31338**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **47**

Primary Registration District No. **5070**

Registrar's No.

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

1. PLACE OF DEATH

(a) County **Bates**
(b) City or town **Beers Creek**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Elias Burton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **m**

5. Color or race **w**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years **73** Months **6** Days **27**

If less than one day hr. min.

9. Birthplace

(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) _____ (Date received local registrar)

(b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

DECEASED CERTIFICATION

20. DATE OF DEATH Month **Sept** day **4**
year **1949** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Heart failure
Due to **Chronic Myocarditis**

Other conditions (Include pregnancy within 5 months of death) **93C**

Major findings: Of operations

Of autopsy

Duration

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?

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

23. Signature **A. G. Woodbridge**
Address **Butler, Mo** Date signed _____

SUPPLEMENTAL COPY

