

STANDARD CERTIFICATE OF DEATH

State File No. 36007

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 322

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1111 West 7th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Edwin Burton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary E. Burton 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased April 24 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 5 8 hr. min.

9. Birthplace Grandview Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Cabinetmaker

11. Industry or business Railroad shops

12. Name Ira W. Burton

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Langford

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Harry B. Burton

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof Oct. 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Missouri

19. (a) 10/3/40 (b) Mrs. Harry Speed
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 2247 East Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2
year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from not all 1940;
that I last saw him alive on Oct 2 (on street) 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to arterio sclerosis

Due to Hardening of Arteries
Hypertension

Other conditions Myocarditis
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none
Of autopsy none

Duration of illness
As seen
Place

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: None

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) at work (d) Means of injury car

23. Signature Chas. ... (M.D. or other) Chas. ...

Address Sedalia Mo Date signed 10-3-40

RECEIVED
District Health Officer No. 8,
District File Number 11-14-410
Date Filed

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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.