No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43046

FILED JAN 20 1941

Registration District No. 470 Primary Registration District No. 5633 Registrar's No. 163

5

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt Vernon. Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Tubercular Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo 15 days (Specify whether years, months or days)

In this community 1 Mo 15 days 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone.

(c) City or town Galena (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.

3. (a) PRINT FULL NAME Louis Willis Burton

3. (b) If veteran, name war X

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 Not Known

6. (c) Age of husband or wife if alive 44 years

Mamie Sutter

7. Birth date of deceased 11 (Month) 4 (Day) 79 (Year)

8. AGE: Years 61 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Reeds Springs (City, town, or county) Mo. (State or foreign country)

10. Usual occupation lead miner 0

11. Industry or business Lead mines 1

FATHER
12. Name Richard Burton 0
13. Birthplace Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Daily
15. Birthplace Not Known (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Ethel McMichael Record

(b) Address Clerk Mo State San Mt Vernon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 26 (Day) 40 (Year)

(c) Place: burial or cremation Webb City

18. (a) Signature of funeral director Webb City Und Co

(b) Address Webb City Mo

19. (a) 12-25-1940 (Date received local registrar) (b) P. A. HOLMES (Registrar's signature)

#5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 1940 hour 4 minute 45 a M.

21. I hereby certify that I attended the deceased from 11-10, 1940, to 12-25, 1940 that I last saw him alive on 12-24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis with effusion — Duration 3 weeks.

Due to unknown.

Due to

Other conditions a small tumor in fourth ventricle brain (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

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? (Specify type of place)

While at work? (e) Means of injury

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23. Signature J A Stocker (M. D. or other) 1

Address Mt Vernon Mo Date signed 12-25-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 141-62
Date Filed JAN 9 1941

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 A. K. Mills

Licensed Embalmer No. 347

P. O. Address Webb City Mo

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

If this body is not embalmed, above space should be left blank.