

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1939
Registrar's No. 28

Registration District No. 89 Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Marshall & Warren St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 years (Specify whether years, months or days)
In this community 46 years

3. (a) PRINT FULL NAME Francis M. Burton

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Feb 16 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Dardnell Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Jones

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

14. Maiden name Richardson
(City, town, or county) (State or foreign country)
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Burton

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Jan 15
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City

18. (a) Signature of funeral director Greer Croy

(b) Address Poplar Bluff, Mo.

19. (a) 1/18/41 (b) Kate Sutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1940 hour 4 minutes 30 P.M.

21. I hereby certify that I attended the deceased from Jan 12 1940 to Jan 14 1941
that I last saw her alive on Jan 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart insufficiency & hyperthoracic heart
Libron & tuberc cystitis
Duration 3 years

Due to _____

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

Major findings: Of operations A 2 B

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? _____

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

23. Signature Alfred P. Lowe (M. D. or other) _____

Address _____ Date signed 1/17/41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1931 X1831

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 Wallace W. Fitch
Licensed Embalmer No. 3859
P. O. Address.....

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.