19398

FILLED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

~~17101~~
Do not use this space.

4 1 2

1. PLACE OF DEATH
(a) County Andrain — Registration District No. 26
(b) ~~Township~~ ~~Salt River~~ — Primary Registration District No. 3002 — Registered No. 85
(c) City Mexico, Mo. (d) Street No. 0 Andrain Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nannie Glover Burton
(a) Residence, No. Martinsburg, Mo. Rural St. ☐ 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 1 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married 1
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. J. Burton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5th 1875
7. AGE YEARS 66 MONTHS 2 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinsburg, Mo.

FATHER
13. NAME W. E. Hale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir. 1

MOTHER
15. MAIDEN NAME Mary E. Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinsburg Mo. 0

17. INFORMANT (ADDRESS) R. J. Burton Martinsburg, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cemetery DATE June 2, 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hughes Maupin Auxvasse, Mo.
20. FILED June 1, 1941 Blanche Neely Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1941, to May 30, 1941 4:00 p.m.
I last saw her alive on May 30, 1941. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Malignant Hypertension — Date of onset

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Other contributory causes of importance:

Name of operation none Date of ✓
What test confirmed diagnosis? Pup finding Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ✓, 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H C Brashear M. D.
23 (Address) Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 6-41-1202
Date Filed JUN 19 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 Hughes Maufin

Licensed Embalmer No. 2358.

P. O. Address Aux Vasse, Me

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

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