V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17573

State File No.

FILED JUN 12 1942

Registration District No. 70 — Primary Registration District No. 4058 — Registrar's No. 15

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

1. PLACE OF DEATH:
(a) County: Caldwell
(b) City or town: Hamilton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North East about 3 blocks 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days)
In this community: about 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston
(c) City or town: Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No.: 210 E. Third Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James Burton
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: Color
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Deceased
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 17 (Day) 1854 (Year)

8. AGE: Years 88 Months 0 Days 7 If less than one day hr. min.

9. Birthplace: Howard County Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Street Worker
11. Industry or business: City of Chillicothe Mo.
FATHER
12. Name: James Burton
13. Birthplace: Howard County Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Burton
15. Birthplace: Howard County Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Mary P Duckworth
(b) Address: Hamilton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 27-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: South Cemetery
18. (a) Signature of funeral director: F A Meinershagen
(b) Address: Chillicothe Mo.
19. (a) May 26 1942 (Date received local registrar) (b) Dina Jane Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th year 1942 hour Seven minute 15 A.M.
21. I hereby certify that I attended the deceased from May 8, 1942, to May 23, 1942, that I last saw him alive on May 23, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis and myocardial degeneration	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: No

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury
23. Signature: Jerry R. Elster (M. D. or other) D.O.
Address: Hamilton, Mo. Date signed May 24 1942

1165 (Licensed Embalmer's Statement on Reverse Side)

JAN 12 1949

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 Ebner Thomas, Registered Apprentice No. ....., working under my personal supervision.

Signed Ebner Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe 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, fact should be so stated above.