

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 day
(Specify whether years, months or days)

In this community 60 years 8 months 27 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Emily Burlington

3. (b) If veteran, name war No

3. (c) Social Security No None

4. Sex female /

5. Color or race white

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 1, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	8	27	hr. min.

9. Birthplace St. Joseph Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name John Burlington

13. Birthplace Glasco Scotland 7
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Butler

15. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Ann Burlington

(b) Address 212 1/2 No. 21st. St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 6-30-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. More Cemetery, St. Joseph, Mo.

18. (a) Signature of funeral director Arthur Neischafer

(b) Address 13th. & Faron Sts., St. Joseph, Mo.

19. (a) 6-30-42 (b) Rae Herzog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 212 1/2 North 21st. Street 7
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 th. year 1942 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 27 1942 to June 28 1942 that I last saw her alive on June 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis general 2 days

Due to Ruptured diverticulum of sigmoid - 2 days

Due to Alcoholiculitis 5

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

5. Major findings: Same - 12313

Of operations _____

Of autopsy Same -

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Paul J. Landry (M. D. or other) 9/29/42

Address 620 Hancock Date signed

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 E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address..... St. Joseph, Missouri.....

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.