

FILED NOV 13 1942

Registration District No. 720

Primary Registration District No. 4194

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

1. PLACE OF DEATH:

(a) County Sentry

(b) City or town McFall mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME A Wram & Burton

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male

5. Color or Race white

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

6. (b) Name of husband or wife Maggie Burton

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: July 12 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name John Burton

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name not known

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

16. (a) Informant Alice Burton

(b) Address McFall mo

17. (a) Burial (b) Date thereof 10-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McFall mo

18. (a) Signature of funeral director Stromer

(b) Address Pattersonburg mo

19. (a) Oct 14-1942 (b) Stromer N. Miller
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Sentry

(c) City or town McFall mo
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 9, year 1942 hour 12:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from Oct 8 to Oct 9, 1942, that I last saw him alive on Oct 8, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 73a

Of operations

Of autopsy

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 2

23. Signature Dr. S. D. Harding (Physician's signature)
Address Albany mo Date signed 10, Oct 1942

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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.....

W. G. Gromer

Licensed Embalmer No. *2857*

P. O. Address *Pattersonburg 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.