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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17660

State File No.

FILED JUN 14 1943

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution: 322 West Cornhill
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 25

(a) State Missouri (b) County Clinton

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

(d) Street No. 322 West Cornhill
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Cordelia Burton

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased April (Month) 22, (Day) 1923 (Year)

8. AGE: Years 20 | Months 1 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace De Kalb Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At School

11. Industry or business

FATHER
12. Name Homer Burton
13. Birthplace Caldwell Co (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Helen Smith
15. Birthplace De Kalb Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Homer Burton
(b) Address 322 West Cornhill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-43 (Month) (Day) (Year)
(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director Boland Funeral Home
(b) Address Cameron, Missouri

19. (a) May 26, 1943 (Date received local registrar) Mrs. Kathleen Harris (Registrar's signature)

1086

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1943 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 10, 1943, to May 25, 1943; that I last saw her alive on May 24, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. L. Peters (M. D. or other)

Address Cameron Date signed May 26/43

(Licensed Embalmer's Statement on Reverse Side)

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 Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address Cameron

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.

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 75 Primary Registration District No. 2015 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Clinton

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Mary Cordelia Burton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 22 (Day) 1923 (Year)

8. AGE: Years 20 Months 1 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 25 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h. alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Chronic

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131 b

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-17660