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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 24 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18790

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 88

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

1. PLACE OF DEATH:

(a) County: Randolph

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

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

(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: about 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pulaski

(c) City or town: Fort Leonard Wood
(If outside city or town limits, write "RURAL")

(d) Street No.: Wainsville Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME: Hester Helen Burton

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Clarence Burton

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: August (Month) 12 (Day) 1893 (Year)

8. AGE: Years 49 Months 7 Days 28 If less than one day: hr. min.

9. Birthplace: Wellsville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

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

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

16. (a) Informant: Mr. Clarence Burton
(b) Address: Fort Leonard Wood, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4/14/1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Huntsville Cemetery

18. (a) Signature of funeral director: Tom B Patton
(b) Address: Huntsville Mo

19. (a) 4-14-43 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Apr day: 10th
year: 1943 hour: 6 minute: 36 a M.

21. I hereby certify that I attended the deceased from Apr 8, 19 3, to Apr 10, 19 43
that I last saw her alive on April 10, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sarcoma of Lung.	
Due to metastasis from leg	
Due to 55	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Pleura & pericardium thickened.
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: H. L. McCormick (M. D. or other) M.D.
Address: Moberly Date signed: 4-10-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-43-871
Date Filed MAY 21 1943

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Ala

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

If this body is not embalmed, fact should be so stated above.