S. No. 2
0M—2-43
v. 5-17-39
I X35897

88
16
3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4034

FILED FEB 9 1944

Registration District No. 24

Primary Registration District No. 305 b

Registrar's No. 15

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: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(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 Charles Warren Burton
3. (b) If veteran, name war
3. (c) Social Security No. 491-07-2034
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Odessa
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 1st (Day) 1881 (Year)
8. AGE: Years 62 Months 2 Days 16 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Coal Miner
11. Industry or business
MOTHER FATHER
12. Name Henry Burton
13. Birthplace (City, town, or county) England (State or foreign country)
14. Maiden name Jennie Walker
15. Birthplace (City, town, or county) Va (State or foreign country)
16. (a) Informant Mrs Odessa Burton
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19-44 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) 1-17-44 (Date received local registrar) (b) Irma Naul (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17th year 1944 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from Jan 6 1944 to Jan 17 1944 that I last saw him alive on Jan 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 2 da
Due to Chr Nephritis 8 yr
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 H C Gayfield (M. D. or other)
Address Moberly Date signed 1-17-44

1086

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-44-121
Date Filed FEB 8 1944

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 Frank D. D'Hutt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.