S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7695

Registration District No. 200 Primary Registration District No. 5724 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Eagle Twp (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 Mo (b) County Macon 61
(c) City or town Eagle Twp (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma Burton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race N
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Don't Know (Month) (Day) 1861 (Year)

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

9. Birthplace Howard Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name John Hickman
13. Birthplace Howard Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant John Hickman
(b) Address Fayette Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 3-44 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem
18. (a) Signature of funeral director Albert S Kimmel
(b) Address Macon Mo
19. (a) 2/7/44 (Date received local registrar) (b) Dora B. Hunckler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany day 31 year 1944 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.

	Duration
Immediate cause of death Myocarditis	
Due to ~~arterio sclerosis~~ arterio-sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 el

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) 061
(b) Date of occurrence 1-31-44
(c) Where did injury occur? ~~Macon~~ (City or town) Macon (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm found dead in bed room (Specify type of place)
While at work? no (e) Means of injury no injury
23. Signature H. G. Edwards Co. (M. D. or other) 3
Address Bowies Mo Date signed 2/4/44

1037

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-44-529
Date Filed MAR 10 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 Cortland Munn

Licensed Embalmer No. 3434

P. O. Address Macon

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.