

FILED AUG 8 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. **5664**

Registrar's No. **74**

1. PLACE OF DEATH:

(a) County **Lewis**  
(b) City or town **Williamstown** *Williamstown*  
(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 **1**  
In this community **Most of life time** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis** **56**  
(c) City or town **Williamstown** **0**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Thomas W. Burford**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mrs Hallie Porter** 6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **Sept. 4 1860**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>83</b>	<b>8</b>	<b>17</b>	_____ hr. _____ min.

9. Birthplace **Lewis County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **William Burford**  
13. Birthplace **Mississippi**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Throckmorton**  
(City, town, or county) (State or foreign country)  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mort Denniston**

(b) Address **Williamstown, Mo.**

17. (a) **Burial** (b) Date thereof **June 23, 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Co. Canton, Mo.**

18. (a) Signature of funeral director **Paul H. Buckley**

(b) Address **Williamstown, Mo.**

19. (a) **6/22/44** (b) **P.W. Jennings m.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**  
year **1944** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 15**  
19**43** to **June 21** 19**44**;  
that I last saw him alive on **June 21** 19**44**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **45 min**  
Due to **Arterial Sclerosis**

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Signature **Dr. P. Todd** (M.D. or other) \_\_\_\_\_  
Address **Williamstown, Mo.** Date signed **6/22/44**

987

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

5600

**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 Earl H. Buckley  
Licensed Embalmer No. 2615  
P. O. Address Canton, 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.**