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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41250
Registrar's No. 125

FILED JAN 13 1945

Registration District No. 138 Primary Registration District No. 4206

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

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town New Hampton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home in New Hampton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town New Hampton City
(If outside city or town limits, write "RURAL")
(d) Street No. North East Part Of New Hampton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Henry Burton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 26
year 1944 hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from
Nov 20, 1944, to Dec 26, 1944
that I last saw him alive on Dec 24, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Dora Burton 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Nov 15 1861
(Month) (Day) (Year)

Chronic Myocarditis
Due to _____
Due to _____
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
83 1 11 hr. _____ min.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 1318
Underline the cause to which death should be charged statistically.

9. Birthplace Harrison County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

11. Industry or business _____
12. Name George W Burton
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Margret Setzer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Burton
(b) Address New Hampton Mo

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? _____

17. (a) Burial (b) Date thereof Dec 31 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Cemetery
18. (a) Signature of funeral director W M Noble
(b) Address New Hampton Mo
19. (a) 12-30-44 (b) Zola M Burton
(Date received local registrar) (Registrar's signature)

(Specify type of place)
While at work? _____ Means of injury? _____
23. Signature Dr. R. L. Green (M. D. or other) DO
Address New Hampton Date signed 12-27-44

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed W. G. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.