

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42218
Registrar's No. 60

Registration District No. 225
Primary Registration District No. 6095

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Downing - Rural Fabius
(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.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Schuyler 98
(c) City or town Rural Fabius
(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 John C. 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 4 minute 0 M.
21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....

4. Sex m 5. Color or race W 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.....
(Month) (Day) (Year)

that I last saw her alive on Dec 23 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Early Indigestion Duration
Paralyzing Heart

8. AGE: Years Months Days If less than one day
90 3 17 hr. min.

Due to.....
Due to.....

9. Birthplace Colo Co. Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Other conditions (Include pregnancy within 6 months of death)
Major findings:
Of operations.....
Of autopsy.....

11. Industry or business
12. Name Burl Burton
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Ellen LaRue
15. Birthplace Colo Co. Mo
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant G. E. McVey
(b) Address Downing Mo
17. (a) Burial (b) Date thereof Dec 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove

23. Signature G. E. Perwig (M. D. or other)
Address Downing Mo Date signed 29/1/44

18. (a) Signature of funeral director Lloyd Moore
(b) Address Downing Mo
19. (a) Dec 29 1944 (b) Ed Justice
(Date received local registrar) (Registrar's signature)

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

200

1278

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number *1-45-139*

Date Filed *JAN 12 1945*

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 *Lloyd Moore*

Licensed Embalmer No. *3151*

P. O. Address *Downing 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.