

FILED FEB 13 1945

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

Primary Registration District No. 4479

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Schuyler  
(b) City or town Queen City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(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 Missouri (b) County Schuyler 98  
(c) City or town Queen City  
(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

EVA SARAH BURTON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased OCT 30 (Month) 1858 (Day) (Year)

8. AGE: Years 86 Months 2 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace WINSLOW (City, town, or county) OKLAHOMA (State or foreign country)

10. Usual occupation HOUSEWIFE

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

12. Name NICHOLAS BALLIGT  
13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)  
14. Maiden name LEAN WILKES  
15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

16. (a) Informant O.P. Burton

(b) Address North Platte Neb

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 23 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Queen City

18. (e) Signature of funeral director Wm H West

(f) Address Queen City MO

19. (a) Jan 23 1945 (Date received local registrar) (b) C. O. Justice (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1945 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1, 1944, to Jan 21, 1945  
that I last saw her alive on Jan 20, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lungs Duration 5 months

Due to \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature O.P. Burton (M. D. or other) DO  
Address Queen City Date signed 1.22.45

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

RECEIVED

District Health Officer No. 10

District File Number 2-45-287

Date Filed FEB 11 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 Self

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

Signed William M. West

Licensed Embalmer No. 2882

P. O. Address Queens City MD

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.