

S. No. 2
DOM-2-43
ev. 5-17-39
X35967

10445

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 27 1946
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
700 No Ault 1
(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 Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 700 No Morley
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Minnie Lee 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 Jan. 14th 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1946 hour 1 minute 15 a.m.

21. I hereby certify that I attended the deceased from Feb. 11 1946 to March 20 1946
that I last saw him or her alive on Feb. 28 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death
Bronchial Pneumonia (Hyperstatic) 48hr

Due to apoplexy 4-7mo

Due to arteriosclerosis years

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name James F. Barte

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Embree

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Winscott

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Mar 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope.

18. (a) Signature of funeral director Malcolm and Son

(b) Address Moberly Mo

19. (a) Mar 3-46 (b) Leah Eubank
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy g.m.

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) (a) Means of injury _____

23. Signature Benjamin Jally
Address 20 3/2 N. Belair Moberly Date signed 3-30-46

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

3558

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(Licensed Embalmer's Statement on Reverse Side)

RECORDED
MAR 29 1946
District No. 10
District File Number 3-46-544
MAR 19 1946

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 Frank O. D. Wett

Licensed Embalmer No. 3021

P. O. Address Moberly 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.