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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1946

Registration District No. 238

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5823

State File No. 13944

Registrar's No. 142

1. PLACE OF DEATH:

(a) County: New Madrid

(b) City or town: Rural (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 (Specify whether years, months or days)

In this community: 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid 72

(c) City or town: Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No.: 6 miles So. West of Sikeston 0 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: Joe Burton

3. (b) If veteran, name war:

3. (c) Social Security No. 431-01-7469

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: M /

6. (b) Name of husband or wife: Maggie Burton

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: 6 (Month) 12 (Day) 1884 (Year)

8. AGE: Years 61 Months 7 Days 26 If less than one day: hr. min.

9. Birthplace: Polk Co. (City, town, or county) Ark. / (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: Scott Burton
13. Birthplace: (City, town, or county) N.C. / (State or foreign country)

MOTHER
14. Maiden name: Bell Norton
15. Birthplace: Polk Co. (City, town, or county) Ark. / (State or foreign country)

16. (a) Informant: Dan Burton

(b) Address: Little Rock, Ark. 1408 W. 8th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/10/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Matthews, Mo.

18. (a) Signature of funeral director: H.W. Albritton

(b) Address: Sikeston, Mo.

19. (a) May 6-1946 (Date received by local registrar) (b) Helen Lowe Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 8 year 1946 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from 2/1/46, 19..., to 2/7/46, 19..., that I last saw h... alive on ..., 19..., and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Chronic Myocarditis

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 0 3d
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M.D. or other) 100

Address: Sikeston Mo Date signed: 2/5/46

2/6

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 246-61
Date Filed 5-11-46

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

Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed John Allenton

Licensed Embalmer No. 2941

P. O. Address Sikeston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.