V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29457

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 123

1. PLACE OF DEATH:
(a) County AUDRAIN.
(b) City or town MEXICO, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GENERAL-HOSPITAL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mo.
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County AUDRAIN.
(c) City or town MADDONIA-MO.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE-HENRY-BURSTON
3. (b) If veteran, name war
3. (c) Social Security No. NONE.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCTOBER-3-1878. (Month) (Day) (Year)
8. AGE: Years 67 Months 11 Days 12 If less than one day hr. min.
9. Birthplace AUDRAIN, CO. MO. (City, town, or county) (State or foreign country)
10. Usual occupation FARMER.
11. Industry or business FARM.
FATHER 12. Name Wm BURSTON.
13. Birthplace LONDON ENGLAND (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name MARY ELL.
15. Birthplace UNKNOWN ENGLAND (City, town, or country) (State or foreign country)
16. (a) Informant Jim Burston.
(b) Address MADDONIA-MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-16-1946 (Month) (Day) (Year)
(c) Place: burial or cremation MADDONIA-MO.
18. (a) Signature of funeral director Clyde C. Willey
(b) Address MADDONIA-MO.
19. (a) 9/16/46 (Date received local registrar) (b) Blanche Keely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 15 year 1946 hour 8:00 minute A.M.
21. I hereby certify that I attended the deceased from Jan 2-1946 to Aug 15, 1946 that I last saw him alive on Aug 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Prostate	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 5/B
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 R B Baize (M. D. or other) D.O.
Address Laddonia Mo. Date signed 9-18-46

(Licensed Embalmer's Statement on Reverse Side)

OCT 29 1946

RECEIVED
District Health Officer No. 10
District File Number 9-46-1782
Date Filed SEP 23 1946

MAR 11 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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry 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.