

FILED MAR 14 1947

State File No. \_\_\_\_\_

Registration District No. 276

Primary Registration District No. 4410

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town St. James  
(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 none (Specify whether years, months or days)  
In this community 37 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81  
(c) City or town St. James 3  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LILLIAN 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, widowed  
7. Birth date of deceased Nov 29th, 1873 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
73		2	27	hr. min.

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

10. Usual occupation Insurance Agent

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

MOTHER FATHER  
12. Name John F See  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Mollie Smarr  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Alice Smallwood  
(b) Address St. James, Missouri

17. (a) burial (b) Date thereof Feb 28, 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director Harry Jones

(b) Address Steelville, Mo

19. (a) March 7, 47 (b) Vera E. Birmingham (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26th year 1947 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 4, 1944 to Feb 26th, 1947 that I last saw her alive on Feb 24th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhages, last one previous ones during last 6 mo. Due to Hypertension and arteriosclerosis. 4-4-44

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration 24hrs. 6 mo.

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) (c) Means of injury

23. Signature M. Underwood (M. D. X. F. M. D.) M. D. Address 202 W 10th St. Rolla Mo Date signed 3-1-47

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

APR 29 1947

APR 2 1947

JUN 26 1952

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 Harry Jones

Embalmed, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Harry Jones

Licensed Embalmer No. 2628

P. O. Address Steubenville 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.