. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8146

Registration District No. 47 Primary Registration District No. 5170 Registrar's No. 128

14
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6

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: R.F.D. Fulton
(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 Callaway 14

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

(d) Street No. R.F.D. Fulton Mo
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lewis Edward Burton

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

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Deceased | 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 28 (Day) 1880 (Year)

8. AGE: Years 66 | Months 10 | Days 3 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Will Burton
13. Birthplace Dk. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Alex. Masley
15. Birthplace Callaway Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Wes. Burton
(b) Address Fulton. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 4, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Middlemier

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 715 Court Fulton Mo

19. (a) Apr 3 1947 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31st day March year 1947 hour ..... minute ..... M.

21. I hereby certify that I ~~attended the deceased~~ was called after decease, 19..., to ..... 19...; that I last saw him alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Had probably been dead 18 or 20 hours when found

Due to apparently from a heart failure of some

Due to soot

Other conditions (Include pregnancy within 3 months of death) Had never been treated for any heart ailment

Major findings: Of operations as far as I can learn

Of autopsy 200A

Duration

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 M. Garrett Coroner (M. D. or other)

Address Fulton Mo Date signed 4/7/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-8-47

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 Glen G. Mangin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.