S. No. 2
M—8-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

Registration District No. 25

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4372

State File No. 10176

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Burlington Jct (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 In this community years, months or days) 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Burlington Jct (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Maude Elizabeth Hazelton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife A.M. Hazelton

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

7. Birth date of deceased Mch 3, 1873 (Month) (Day) (Year)

8. AGE: Years 73 | Months | Days 18 | If less than one day hr. min.

9. Birthplace Junietta County (City, town, or county) Penn / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Amos A Bennett
13. Birthplace Penn / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Burd
15. Birthplace Penn / (City, town, or county) (State or foreign country)

16. (a) Informant A M Hazelton

(b) Address Burlington Jct Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 24/47 (Month) (Day) (Year)

(c) Place: burial or cremation Clearmont

18. (a) Signature of funeral director [signature]

(b) Address Burlington Jct Mo

19. (a) 3/29/47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21 year 1947 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Mar 26, 1944, to Mar 21, 1947; that I last saw her alive on Mar 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death / Cerebral Hemorrage 1st Stroke Mar 26-44	
Due to Second & final Mar 16-47	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 L. E. Wallace D.D. (M. D. or other)

Address Burlington Jct Mo. Date signed 8-28-47

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No. 2986

P. O. Address Bmel. Jt 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.