

FILED MAY 8 1947

State File No.

Registration District No. 132

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1927 Joplin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 62 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1927 Joplin  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Floyd Everett Burton

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lola 6. (c) Age of husband or wife if alive 13 years  
7. Birth date of deceased November 13, 1862  
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 7 If less than one day  
..... hr. .... min.

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

10. Usual occupation Retired Miner

11. Industry or business

MOTHER FATHER { 12. Name No record 9  
13. Birthplace " " 1  
(City, town, or county) (State or foreign country)  
14. Maiden name " " 7  
15. Birthplace " " 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lola Burton

(b) Address 1927 Joplin, Joplin, Mo.

17. (a) Burial (b) Date thereof 3-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 3/24/47 (b) Ed S. Walker  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
year 1947 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec 23  
1946 to Mar 19, 1947;  
that I last saw him alive on Mar 19, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia  
Duration 4 days

Due to Confinement to bed about 1 yr.

Due to Post. Surgical Condition after Jan 1 1947

Other conditions Benign Prostatic Hypertrophy 1 B  
(Include pregnancy within 3 months of death)

Major findings: Benign Prostatic Hypertrophy grade IV 3  
Of operations  
Of autopsy not done

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) (e) Means of injury \_\_\_\_\_

23. Signature Ed S. Walker (M. D. or other)  
Address 118 Franklin Bldg Joplin Date signed 3-21-47

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

47-3-348  
JUN 9 1948

VS  
AUG 1 3 1959

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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Joplin 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.