

No. 2
-1/47
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34401**
4476
Registrar's No.

FILED NOV 8 1947
Registration District No.

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Childrens Mercy Hospital B**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Dead on arrival**
(Specify whether
In this community, **non resident**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Rendolph Co.**
(c) City or town **Cairo, 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 **Stanley Earl Burton**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased **Sept 18 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 28 hr. min.

9. Birthplace **M.C. Cermick Hospital Moberly, Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **infant**

11. Industry or business
12. Name **Junior Lee Burton**
13. Birthplace **Moberly, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Lady S. Irene Pugh Burton**
15. Birthplace **Clifton Hill, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Father**
(b) Address **Cairo, Mo.**

17. (a) **BURIAL** (b) Date thereof **OCT. 28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Moberly, Mo.**

18. (a) Signature of funeral director **PASSANTINO BROS**
(b) Address **2117 INDEP BLVD.**
19. (a) **10-27-47** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **26**
year **1947** hour **?** minute **?** M.
21. I hereby certify that I attended the deceased from **19**, 19
that I last saw **Dr. Pugh**, 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Enlarged thyroid**
Due to **Glennomyia**
Due to
Other conditions (include pregnancy within 3 months of death) **75%**
Major findings: Of operations
Of autopsy **none**

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) (or Means of injury) **0**

23. Signature **Edward C. F. Schmidt** (M. D. or other) **Wray Hospital**
Address Date signed **26 OCT 1947**

Duration
PHYSICIAN
Underline the cause of which death should be charged statistically.

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.....

Francis Walton

Licensed Embalmer No.....

2744

P. O. Address.....

R. C. 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.