7. S. No. 2
M—9-4-41
. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5922

FILED FEB 25 1948

Registration District No. 5-32

Primary Registration District No. 6064

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: St. Clair

(b) City or town: Osceola (Rural)
(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 ..... In this community: 42 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Roy Glen Burton

3. (b) If veteran, name war: World War # 2

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: Ethel Burton

6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: August (Month) 19 (Day) 1899 (Year)

8. AGE: Years 48 Months 5 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace: Polbock Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Street Car Operator and Farmer

11. Industry or business: Samuel Burton

FATHER
12. Name: Samuel Burton
13. Birthplace: Illinois / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Eunice J. Hamson
15. Birthplace: Illinois / (City, town, or county) (State or foreign country)

16. (a) Informant: Ethel Burton
(b) Address: Osceola Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-4-48 (Month) (Day) (Year)
(c) Place of burial or cremation: Osceola Cemetery

18. (a) Signature of funeral director: Goodrich Funeral Service
(b) Address: Osceola Missouri

19. (a) 2/4-1948 (Date received local registrar) (b) Ruth Seeveers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 2 year: 1948 hour: 12 minute: 30 A.M.

21. I hereby certify that I attended the deceased from ....., 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: Coronary Thrombosis
Cause No. 8

Due to: Not stated

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 0/4 A

Of autopsy:

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)
(e) Did injury occur at work? (f) Means of injury: 2

23. Signature: R. Marshall M.D. (M.D. or other)
Address: Osceola Date signed: 2/3/48

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1948

MAR 26 1948

MAR 26 1948

NOV 29 1949

MAR 2 1948

RECEIVED
District Health Officer No. 7
Office City Clerk 1-48-104
Date Filed 2-24-48

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 B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.