G. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 13 1948
Registration District No. 200

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5720

State File No. 13320
Registrar's No. 321

1. PLACE OF DEATH:
(a) County Macon
(b) City or town rural Liberty
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Callao Mo R F D.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

61

3. (a) PRINT FULL NAME Anna B. Burton
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 William H. Burton
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Feb. (Month) 27 (Day) 1883 (Year)

8. AGE: Years 65 Months 1 Days 4 If less than one day hr. min.
9. Birthplace Macon, Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Albert Cook
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lizzie Horn
15. Birthplace Florida (City, town, or county) (State or foreign country)
16. (a) Informant M. W. H. Burton
(b) Address Callao Mo.
17. (a) Bloomington (Burial, cremation, or removal) (b) Date thereof 3-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomington Mo.
18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon Mo.
19. (a) 5-1-48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30" year 1948 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from Sept 7, 1946 to March 30, 1948; that I last saw her alive on 30 March 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary occlusion	12 Hrs
Due to Chronic asthma	20 yrs
Due to unknown	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	—

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause of 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 H C Cain M.D. (M. D. or other)
Address Macon Mo Date signed 4-9-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
File Number 1948-810
MAY 12 1948
Date Filed

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 James C. Cleaver, Registered Apprentice No. 515, working under my personal supervision.

Signed C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.