DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1948

Registration District No. 323

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25119

Primary Registration District No. 6091

Registrar's No. 54

1. PLACE OF DEATH:

(a) County SALINE

(b) City or town (RURAL) Salt Pond (If outside city or town limits, write "RURAL" and name of whatever)

(c) Name of hospital or institution: N.E. CORNER SALT POND TWP (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether

In this community 11 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SALINE

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

(d) Street No. N.E. Cor Salt Pond Twsp (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MAY CLEMENTINE SAPPINGTON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife C. E. SAPPINGTON

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased DEC. (Month) 2 (Day) 1895 (Year)

8. AGE: Years 52 Months 7 Days 19 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name JOSEPH HADEN BURTON
13. Birthplace RAY CO (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name MARY ELLEN MC BEE
15. Birthplace NASHVILLE (City, town, or county) TENN (State or foreign country)

16. (a) Informant C. E. SAPPINGTON

(b) Address SWEET SPRINGS MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/29/48 (Month) (Day) (Year)

(c) Place: burial or cremation ANTOACH CHURCH

18. (a) Signature of funeral director R. C. CARTER

(b) Address Sweet Spgs Mo

19. (a) 7/29/48 (Date received local registrar) (b) Dolly Andrews (Registrar's signature) 242

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1948 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from July 27, 1948 to , 19 ; that I last saw her alive on July 27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Chronic Vavular heart Disease	
Due to Diabetes	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

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 C. W. Parsons (M. D. or other)

Address Sweet Springs, Mo Date signed 7/28/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-12-48

AUG 13 1948

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 R C Carter

Licensed Embalmer No. 3573

P. O. Address Saint Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.