S. No. 300
DM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32336

Registration District No. 1 | Primary Registration District No. 3012 | Registrar's No. 137

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 507 North Main Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: 35 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Clay
(c) City or town: Excelsior Springs (If outside city or town limits, write "RURAL")
(d) Street No.: 507 North Main (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: BERTHA PENNINGTON BURTON
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: About (Month) 1884 (Day) (Year)

8. AGE: Years 64 | Months # | Days # | If less than one day ____ hr. ____ min.

9. Birthplace: Warrensburg (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Cook
11. Industry or business ____
FATHER
12. Name: Tom Richie
13. Birthplace: Warrensburg (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Susie Cooper
15. Birthplace: Warrensburg (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Junius Richie
(b) Address: Excelsior Springs Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Warrensburg Mo
18. (a) Signature of funeral director: Chas V. Hope
(b) Address: Excelsior Springs Missouri
19. (a) 10/18/48 (Date received local registrar) (b) Caroline Dutkings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1948 hour 12 minute 05A M.
21. I hereby certify that I attended the deceased from Oct Ninth 1948 to Oct 14 1948 that I last saw h. E R live on October 13 - 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration 6 days
Due to: Arterio-Sclerosis
Due to: Chronic nephritis
Other conditions (Include pregnancy within 3 months of death): 131B
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 one's home, on farm, in industrial place, in public place? (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: A. L. Osborn M.D. (M. D. or other)
Address: Excelsior Springs MO Date signed 10/17/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
File Number
Filed 11-8-48

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs 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.