

DEC 15 1939

Registration District No. 377

Primary Registration District No. 3014

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Adah Burton

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Cliska Burton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10 28 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Tippecanoe Co Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Andrew Summers

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ford

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Charles Quincy
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 11-29-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salons Cem

18. (a) Signature of funeral director Fred C. Wilkinson
(b) Address Clinton Mo 319

19. (a) 12-2-39 (b) J. B. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. 707 N 3rd St
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28
year 1939 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from 11-20, 1939, to 11-28, 1939;
that I last saw her alive on 11-27-39, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 6 da

Due to Gasping

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. S. Walker (M. D. or other) MD

Address Clinton Mo Date signed 11-25-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7;

District File Number 12-39-1662

Date Filed 12-12-39

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 2478

P. O. Address Clinton 7

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, above space should be left blank.