

FILED OCT 7 1946
Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 774

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 407 N 2nd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yrs (Specify whether years, months or days)

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. 407 N 2nd St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

David L Burton

(b) If veteran, name war V

(c) Social Security No. ✓

4. Sex MO

5. Color or race W

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

6. (b) Name of wife Mary E Burton

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: 5 19 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 28
If less than one day hr. min.

9. Birthplace Davis Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Merchant

11. Industry or business _____

12. Name Riley Burton

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

14. Maiden name unknown

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

16. (a) Informant Mary E Burton

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 9-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo

19. (a) 9-17-46 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Sept day 17
year 1946 hour 7 minute 45 AM

21. I hereby certify that I attended the deceased from Sept 17 1946 to Sept 17 1946
that I last saw him alive on Sept 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: urmic poisoning
Due to enlarged prostate & chronic nephritis
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 H. Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 9-19-46

Duration 4 wks
2 yr
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED
No. 7
9-46-997
10-4-46
Date Recd

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 *Fred Williamson*

Licensed Embalmer No. *7478*

P. O. Address *Clinton Me*

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.