

1939 AUG 11 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25011  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 670  
(c) City St. Joseph or St. Joseph (d) Street No. No. Methodist Hospital St.  
(e) Length of residence in city or town where death occurred 63 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 635 Mary Myrtle Burton St. Pattonsburg, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C E Burton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13-1880

7. AGE YEARS 58 MONTHS 10 Days 18 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (Book) Mo (STATE OR COUNTRY)

13. NAME Wm Hull

14. BIRTHPLACE (CITY OR TOWN) (Book) Mo (STATE OR COUNTRY)

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

17. INFORMANT Wayne Burton (ADDRESS) 3725 Fremont Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pattonsburg Mo DATE July 3, 1939

19. FUNERAL DIRECTOR (NAME) J. S. Promer (ADDRESS) Pattonsburg Mo

20. FILED July 1, 1939 J. S. Promer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-25- 1939, to 7-1- 1939

I last saw her alive on 6-30- 1939. Death is said to have occurred on the date stated above, at 11.25 A.M.

The principal cause of death and related causes of importance were as follows:

Sapranotomy for  
Shock  
myocarditis - chronic

Date of onset  
7-1-39  
7-1-39  
1936

Other contributory causes of importance:  
Cholecystitis - Chronic  
Cholecystitis  
Appendicitis

?  
?  
?

Name of operation Cholecystectomy Date of 7-1-39

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) Paul Jorgensen, M. D.  
85 (Address) St Joseph, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>will be</sup> was embalmed by me, or by myself  
....., Registered Apprentice No. ....

working under my personal supervision.

Signed G. S. Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonburg 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, above space should be left blank.**