

Registration District No. 102

Primary Registration District No. 4062

Registrar's No. 244

1. PLACE OF DEATH:

(a) County Callaway 2

(b) City or town Auxvasse

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Rouse (Arnold) Burton

3. (b) If veteran, name war X

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 20 1863

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>5</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name George Arnold

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

14. Maiden name Margaret Johnson

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

16. (a) Informant's own signature P. H. Burton

(b) Address Auxvasse Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept 14 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Antioch

18. (a) Signature of funeral director Hughes Manfieri

(b) Address Auxvasse Mo

19. (a) Sept 12 1939 (Date received local registrar)

(b) W. B. Nichols (Registrar's signature) 100

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1939 hour 12:30 minute P.M.

21. I hereby certify that I attended the deceased from April 28 1938 to Sept 11 1939.

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

She was asymptomatic

chronic myocarditis

Due to _____

Due to _____

Other conditions 93C (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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 W. B. Nichols (M. D. or other)

Address Auxvasse Mo Date signed 9-11-39

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Hughes Marpin
Licensed Embalmer No. 2368
P. O. Address Amvassell 9th

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.