

FILED MAR 11 1940  
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State File No. 5989

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

Registrar's No. 190

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

1. PLACE OF DEATH:  
(a) County BUCHANAN  
(b) City or town ST. JOSEPH  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
MO. METHO. HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution HOSP - 1  
(Specify whether  
In this community 2 days  
years, months or days)

3. (a) PRINT FULL NAME DAVID ERNEST BURTON  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE  
5. Color or race WHT.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Maudie Gertrude Burton  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased. FEB. 14 1974  
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 4  
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name David Burton  
13. Birthplace Davis Co Mo  
(City, town, county) (State or foreign country)  
14. Maiden name Fancy Jane Thomas  
15. Birthplace Do not know  
(City, town, or county) (State or foreign country)

16. (a) Informant Erwin Burton  
(b) Address 6214 E 36 St K.C. Mo

17. (a) removal (b) Date thereof 2-18-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gallatin Mo  
18. (a) Signature of funeral director Ray Stoney  
(b) Address at Joseph Mo

19. (a) 2/9/40 (b) H. S. Sausal  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County DAVIS  
(c) City or town JAMESON RURAL  
(If outside city or town limit write "RURAL")  
(d) Street No. RFD #2  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1940 hour 10 minute 45 a.m.  
21. I hereby certify that I attended the deceased from Feb. 17 to Feb. 18 1940, to 19 and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis  
Due to perforated Duodenal Ulcer  
Duration 3 days

Other conditions Arterio Sclerosis  
(Include pregnancy within 3 months of death)  
Major findings: Ulcer Duodenum  
Of operations None  
Of autopsy No.

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 or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature H. S. Sausal (M. D. or other) \_\_\_\_\_  
Address St Joseph Mo. Date signed 2-18-40

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**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 7/18/40

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

Signed John Roy Stoney

Licensed Embalmer No. 2435

P. O. Address St Joseph

**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.**