

FILED MAR 14 1940

Registration District No. 157

Primary Registration District No. 4092

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

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Alice L. Burton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased June - 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Montgomery Co. Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name James F. Brauer

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

14. Maiden name Mollie Ataman

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

16. (a) Informant Ray Burton

(b) Address Pleasant Hill, Mo

17. (a) Burial (b) Date thereof 3-18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo

18. (a) Signature of funeral director D. P. Norkinger

(b) Address Pleasant Hill, Mo

19. (a) 2-18-40 (b) Mrs. Etta M. Aldridge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1940 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from 1938
_____ 19 _____ to Feb. 17, 1940;
that I last saw her alive on Feb. 1, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Initial Registration
arterio-sclerosis

Due to Rough Hypertension

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? _____

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

23. Signature D. Murray M.D. (M. D. or other) _____
Address Pleasant Hill, Mo Date signed 2/17/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

D. A. Nofziger....., Registered Apprentice No.....
working under my personal supervision.

Signed D. A. Nofziger.....

Licensed Embalmer No. 3938.....

P. O. Address Pleasant Hill, 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.