

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether _____)

In this community _____ years, months or days 47 yrs

8. (a) PRINT FULL NAME Layette Bate Burton

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

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

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

7. Birth date of deceased Feb - 29 - 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Merchant

11. Industry or business _____

12. Name Jesse Burton

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

14. Maiden name Katherine Bolman

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

16. (a) Informant's own signature A. L. Burton

(b) Address Warrensburg Mo

17. (a) Burial (b) Date thereof May - 10 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo

19. (a) May 11 - 1940 (b) Everal Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town City
(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 May day 8
year 1940 hour 12 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 8 - 1940
_____, 19____, to May 8 - 1940
that I last saw him alive on May 8 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis Duration 5-8-40

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature ATM King (M. D. or other) _____

Address Warrensburg Mo Date signed _____

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.....

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

Signed *Carl Priest*.....

Licensed Embalmer No. *3878*.....

P. O. Address *Warrensburg*.....

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.