No. 2
11-10-39
5-12-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19333

JUN 14 1940

Registration District No. 735 Primary Registration District No. 5970 Registrar's No. 103

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Sugar Creek Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Sugar Creek Township
(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.

3. (a) PRINT FULL NAME Fred Burton 635

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Leona Burton

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

7. Birth date of deceased July (Month) 16th (Day) 1900 (Year)

8. AGE: Years 39 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation Coal Miner

11. Industry or business

FATHER
12. Name Charles H. Burton
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Minnie Pendleton
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant R. Lonzo Burton
(b) Address Moberly Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14th 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly, Mo

19. (a) May 14-40 (Date received by local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1940 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from March 15, 1940, to May 11, 1940; that I last saw him alive on May 11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis — Duration D.K.

Due to Rheumatic heart disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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 R. W. Dreyer M. D. (M. D. or other)

Address Huntsville Mo. Date signed 5/13/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-40-1162
Date Filed JUN 10 1940

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 Frank L. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.