DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 19 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25786

Registration District No. 578 Primary Registration District No. 4340 Registrar's No.

1. PLACE OF DEATH:

(a) County Monroe 9

(b) City or town Holliday
(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 years, months or days)
In this community 8 Mo.

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Missouri (b) County Monroe

(c) City or town Holliday, Mo
(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 Robert Fletcher Burton

3. (b) If veteran, name war ✓

3. (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 Nina Burton

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Sept. (Month) 3, (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	10	18	____ hr. ____ min.

9. Birthplace Monroe Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Retired Farmer 1

11. Industry or business ✓

FATHER
12. Name John G. Burton 1
13. Birthplace ____ (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Patsy Rothwell
15. Birthplace ____ (City, town, or county) Ky. (State or foreign country)

16. (a) Informant's own signature Nina Burton
(b) Address Holliday, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Bethel Cem., Holliday.

18. (a) Signature of funeral director Speed & Blakey
(b) Address Paris, Mo

19. (a) 7-22-40 (Date received local registrar) (b) Mrs Irwa [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1940 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from July 10, 1940, to July 21, 1940 that I last saw him alive on July 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myo-Cardite — Duration 10 Days

Due to 93 W

Due to

Other conditions Atherosclerosis N.K.
(Include 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? 5 1/2 (Specify type of place)
While at work? ____ (e) Means of injury

23. Signature [illegible] M. D. ~~or other~~
Address Paris, Mo. Date signed 7/22/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PERMANENT—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.

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RECEIVED
District Health Officer No. 10
District File Number 8:40-1613
Date Filed AUG 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 A. G. Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, Md.

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.