FILED NOV 20 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35454
Do not use this space.

1. PLACE OF DEATH
(a) County Howard Registration District No. 377
(b) Township ~~Charlton~~ Boonslick Primary Registration District No. 5525 Registered No. 6
(c) ~~City~~ Rural (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME REBECCA A. BURTON
(a) Residence, No. Howard County Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert W. Burton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1858
7. AGE YEARS 82 MONTHS 4 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct 1930
11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Missouri

FATHER
13. NAME George Amick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Nancy Bobbitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Cleve Duren Glasgow Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow Mo. DATE Oct 10, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walker Audsley Glasgow Mo.
20. FILED Nov 2, 1940 Mrs. Elizabeth Chipley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1940
22. I HEREBY CERTIFY, That I attended deceased from 2 — 1, 1940, to 10 — 9, 1940
I last saw her alive on 10 — 7, 1940. Death is said to have occurred on the date stated above, at 8:15 A.m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis — Date of onset
43 W

Other contributory causes of importance: Phlebitis of left leg.

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. B. Kitchen M. D.
(Address) Glasgow, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 81
District File Number
Date Filed 11-12-40

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, J. Walker Lindsley, or by .....,

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

Signed J. Walker Lindsley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.