

JUL 10 1941 85
Registration District No.

Primary Registration District No. 1001

State File No.

Registrar's No. 7 620

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST-JOSEPH.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2614-SOUTH-13
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ABT-18-YRS. (Specify whether)

In this community ABT-18-YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN

(c) City or town ST-JOSEPH. 7
(If outside city or town limits, write "RURAL")

(d) Street No. 2614 - SOUTH - 130
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME MERRIMAN - BURTON

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Lillie

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

7. Birth date of deceased. Oct 7 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name May Burton NAME (OK)

13. Birthplace Pandolph Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name May Ramberton

15. Birthplace Plato Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant T. F. Taylor

(b) Address St Joseph MO

17. (a) Funeral (b) Date thereof June 24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation #6 Cemetery

18. (a) Signature of funeral director Ray Stanley

(b) Address St Joseph MO

19. (a) June 23 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 23
year 1941 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from June 13 1941 to June 23 1941
that I last saw him alive on June 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 9 days
Hemorrhage

Due to _____

Due to _____

Other conditions none (Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: no operation

Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

Where did injury occur? _____ (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? no

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address 401 Ballinger Bldg Date signed June 23 41

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

Dr. Williams
Be. B. B. B. B. B.

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.....

June 23 1941

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John Roy Slawson

Licensed Embalmer No. 2435

P. O. Address.....

St. Joseph N.Y.

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, fact should be so stated above.