

BUREAU OF THE CENSUS
FILED SEP 5 1941

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Brookfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
304 High
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Life time (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME James A Burton3. (b) If veteran,
name war no3. (c) Social Security
No. none4. Sex M5. Color of
race W6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife Mary6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased July 7 1865

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

hr. min.

9. Birthplace Mount Sterling Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Unknown13. Birthplace Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name Unknown15. Birthplace Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Paul D. Burton(b) Address Chillicothe Mo17. (a) Burial(b) Date thereof Aug 16, 1941

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Rosehill18. (a) Signature of funeral director Bowden Funeral Home(b) Address Brookfield Mo19. (a) 8-15-41(b) E. Williams M.D.

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
 (c) City or town Brookfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. High St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1941 hour 9:00 minute _____ P. M.21. I hereby certify that I attended the deceased from June 1
1941, 19____, to Aug 14, 1941
that I last saw him alive on Aug 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Lung

Duration

Due to

Due to

Other conditions

(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?

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature Dr. H. H. Pettit (M. D. or other) do.Address Brookfield MoDate signed 8-15-41

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.....

Homer Boden

Licensed Embalmer No. *3295*

P. O. Address.....

Brookfield Me.

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.