

Registration District No. **85** Primary Registration District No. **100**

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **Saint Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2922 Lafayette Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **18 years**, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**, (b) County **Buchanan**  
(c) City or town **Saint Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2922 Lafayette Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **10th**  
year **1942** hour **2:00** minute **20.8** M.  
21. I hereby certify that I attended the deceased from **on**  
**Jan 10 1942** to **1:30 pm**, 19\_\_\_\_;  
that I last saw him **alive**  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME **Thomas Garrett Burton**  
3. (b) If veteran, name war **None** 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 **Tyna Burton** 6. (c) Age of husband or wife if alive **56** years  
7. Birth date of deceased **March 20th 1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**57** **9** **20** hr. min.

9. Birthplace **Pattonsburg, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Letter Carrier**

11. Industry or business **U.S.A. Post Office**

12. Name **William Burton**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie Vanover**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Thomas G. Burton**

(b) Address **2922 Lafayette Street**

17. (a) **Burial** (b) Date thereof **1/12/42**  
(By kind, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Mora Cemetery**

18. (a) Signature of funeral director **Walter Bowman**

(b) Address **319 So. 10th Street**

19. **Jan 12, 1942** (Date received local registrar) **W. F. Mundy** (Registrar's signature)

Immediate cause of death **Cerebral Hemorrhage** Duration **1 day**  
Due to **General arteriosclerosis**  
Due to **43a**  
Other conditions **Man died suddenly in bed**  
(Include pregnancy within 3 months of death)  
Major findings: **at his home without premonitory warning**  
Of autopsy: **no for acute illness**

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 **Caroner**  
23. Signature **W. F. Mundy** (M.D. or other) **4/10/42**  
Address **404 So 3d** Date signed

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

JAN 24 1942

**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 1-10-42

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*W E Summers*

Licensed Embalmer No. 5007

P. O. Address St Joseph 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, fact should be so stated above.**