

FILED JUN 15 1942

Registration District No. 176

Primary Registration District No. 4105

Registrar's No. _____

1. PLACE OF DEATH: **Chariton Co. Sumner Mo.**

(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5.0 yrs
years, months or days)

3. (a) PRINT FULL NAME: **George G Burton**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased: July 31
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days _____ If less than one day hr. _____ min _____

9. Birthplace: Sturgeon Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Brick Mason

11. Industry or business: _____

12. Name: Elijah Burton

13. Birthplace: Monroe Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Mahuldah Byrum

15. Birthplace: Ky
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs George Burton

(b) Address: Sumner Mo.

17. (a) Burial (b) Date thereof 6/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lakeside Sumner Mo.

18. (a) Signature of funeral director: J. L. Leonard

(b) Address: Sumner Mo.

19. (a) June 2 1942 (b) Ruth Stone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton
Sumner Mo.
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

May 31

20. DATE OF DEATH: Month _____ day _____
year 1942 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from July
1935, to May 31, 1942
that I last saw him alive on May 31, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis
Had 4 paralytic attacks
Due to: Arteriosclerosis (short time)
Hypertension

Duration 7 yrs

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: J. W. Hardy M.D. (M. D. or other) _____

Address: Sumner Mo Date signed: 6/1/42

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-12-42

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 D. L. Leiper
Licensed Embalmer No. 3970
P. O. Address Mendon, MA

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.