

FILED JAN 25 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 34

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: St Joseph Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community abt 18 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 617 1/2 W 3 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME ADDIE BURTON

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

4. Sex Female 5. Color Blk 6. (a) Single, widowed, married, divorced Mar

6. (b) Name of husband or wife Frank L. Burton 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased. July 28 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Freestone Co Texas
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Eli Pelerford

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

14. Maiden name unk

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

16. (a) Informant Frank L. Burton

(b) Address 617 1/2 W 3, St Joseph MO

17. (a) (Burial, cremation, or removal) no (b) Date thereof Jan 13-43
(Month) (Day) (Year)

(c) Place: burial or cremation not known

18. (a) Signature of funeral director Roy Stoney

(b) Address St Joseph

19. (a) 1-13-43 (b) Chas Hergoz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1943 hour 11:30 minute a M.

21. I hereby certify that I attended the deceased from Dec 31 1942 to Jan 10 1943
that I last saw her alive on Jan 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death encephalitis
(type undetermined) Duration 2 weeks

Due to job
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no
PHYSICIAN no
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 Chas Hergoz (M. D. or other)
Address Chas Hergoz Date signed 1-10-43

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

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..... *John Roy Stamer*
Licensed Embalmer No. *2435*
P. O. Address..... *St Joseph 744*

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.