

S. No. 2
OM-5-42
5-17-38
PI X127

10659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 9 1943

Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

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

53
1
2

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Wallace Memorial O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

(c) City or town Phillipsburg (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... O

3. (a) PRINT FULL NAME IVY HENRIETTA BURTON

3. (b) If veteran, name war V

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1943 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from
1-12 1942 to 3-21 1943
that I last saw h. er alive on 3-19 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Lowell Burton

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

7. Birth date of deceased July 10 1907
(Month) (Day) (Year)

Immediate cause of death.....
Amyria, complete
Syphilis, late

Due to..... over 15 years

Due to.....

Other conditions (include pregnancy within 3 months of death) 20

8. AGE: Years Months Days If less than one day

35 8 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name James A Wilson

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

14. Maiden name Alice Mulligan

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

16. (a) Informant Alice Mulligan

(b) Address Long Lane Trs.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26 1943
(Month) (Day) (Year)

(c) Place: burial or cremation New Hope (Dallas Co)

18. (a) Signature of funeral director W.E. Helman

(b) Address Lebanon Mo.

19. (a) 4-4-43 (Date received local registrar) (b) Grace Roper (Registrar's signature)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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 H.S. W. Nancy, M.D. (M. D. or other) Lebanon
Address..... Date signed 4-1-43

1090

Received APR 6 1943
Laclede County Health Unit
File No. 3-43-49
Date Filed APR 7 1943

MAR 11 1950

AUG 14 1950

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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon 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.