

No. 2
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5-17-39
X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27858

FILED SEP 13 1944

Registration District No. 31844

Primary Registration District No. 4230-5548 Registrar's No. 5027

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

1. PLACE OF DEATH:

(a) County Howard

(b) City or town R. F. D. Armstrong Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Prinail Camp
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

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

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

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

3. (a) PRINT FULL NAME Mrs Annie Burton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1944 hour 6 minute 20 a.m.

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

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

7. Birth date of deceased Sept 29 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 14 1944 to July 5 1944
that I last saw him alive on July 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....

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

77	9	6	hr. min.
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9. Birthplace Howard Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

Duration 1944

Due to Carcinosis of Liver
Half Black

Other conditions Jaundice
(Include pregnancy within 3 months of death)

Major findings 74 lb
Of operations.....

Of autopsy no

11. Industry or business.....

MOTHER FATHER { 12. Name William Banning

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

14. Maiden name Agnes Terril

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Tom Banning

(b) Address Armstrong Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Family Cem.

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo

19. (a) 8/18/44 (Date received local registrar) (b) R W Rain (Registrar's signature)

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. H. Hegbee (M. D. 174-44)
Address..... Date signed.....

1319

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-12-44

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.....

Licensed Embalmer No. 3153

P. O. Address Glasgow 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.