

FILED NOV 10 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5006

Registrar's No. 271

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Palb
Greentop, Mo. R. Route No. 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. None
(Specify whether)
 In this community. Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Adair
 (c) City or town Greentop, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural Route No. 3
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME James Madison Burton

3. (b) If veteran, name war _____ 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 Plesant Crow Burton 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 27 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name David Burton

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

14. Maiden name Emily Stites

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

16. (a) Informant Plesant Burton

(b) Address Greentop, Missouri

17. (a) Burial (b) Date thereof 10/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ft. Madison Cemetery

18. (a) Signature of funeral director BEERLEY
 (b) Address Kirksville, Mo.

19. (a) 10-27-44 (b) Mrs. J. B. Wayman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
 year 1944 hour 5:30 minute A: M.

21. I hereby certify that I attended the deceased from Oct July
23, 1944, to Oct 17, 1944
 that I last saw him alive on Oct 17, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver

Due to _____
 Due to 464

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

Major findings: Of operations _____

Of autopsy _____

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 Beery (M. D. or other) 00
 Address Greentop Mo Date signed 10-25-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1044

RECEIVED

District Health Officer No. 10

District File Number 11-44-1812

Date Filed NOV 7 1944

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 J. E. Riley

Licensed Embalmer No. 4181

P. O. Address Eastonville 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.