

FILED APR 19 1946

Registration District No. 64

Primary Registration District No. 5247

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Chariton
 (b) City or town rural - Salisbury
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community whole life (Specify whether years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
 (c) City or town rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 miles East of Salisbury
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME

Laura Burton

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

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

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

7. Birth date of deceased. Feb 13 1876
 (Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 27 If less than one day hr. min.

9. Birthplace: Brown Co. Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Wm H. Davis

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

14. Maiden name Alice M. Law

15. Birthplace Pike Co. Ill
 (City, town, or county) (State or foreign country)

16. (a) Informant Best Davis
 (b) Address Salisbury Mo

17. (a) removal (b) Date thereof 3-15-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
Laves Cem. Illinois

18. (a) Signature of funeral director Chas B Winkler
 (b) Address Salisbury Mo

19. (a) 3-15-46 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
 year 1946 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from March 1944 to March 12, 1946
 that I last saw her alive on March 12, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus

Due to Chronic Myocarditis 2 years

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 430
 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 2

23. Signature [Signature] (M.D. or other) MD
 Address Salisbury Date signed March 14, 46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

17785

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-9-46.....

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 Chas B. Winckelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.