

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17989

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 9 days years, months or days)

3. (a) PRINT FULL NAME George W. Burton

3. (b) If veteran, name war No 3. (c) Social Security No. 490-18-0270

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased June 25 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 9 7 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Factory (Lumber)

MOTHER FATHER

12. Name John Burton

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

14. Maiden name Mary Daniels

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Burial (b) Date thereof Apr 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Arville Taylor

(b) Address Superior Mo

19. (a) 4-19-47 (b) Dr. Phillips
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72
(c) City or town Morehouse 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1947 hour 6:10 minute _____ A. M.

21. I hereby certify that I attended the deceased from
March 24, 1947 to April 1, 1947
that I last saw him alive on April 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tuberculosis Abt.
Duration 6 months

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN
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 R. W. Dickman (M. D. or other) 0
Address Mt. Vernon, Mo Date signed 4-1-47

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

RECEIVED

District Health Officer No. 6;

District File Number 547-556

Date Filed MAY 22 1947

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. 4850

P. O. Address East Prairie Missouri

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.