

FILED SEP 9 1947

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 198

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly, Missouri 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1125 Quinn 3
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ELLIOT BURTON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1947 hour 6 minute 2 P. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Elizabeth Burton 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased April 27 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 20 1947 to Aug 27 1947 that I last saw him alive on Aug 27 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 4 Days 0 If less than one day hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage Duration 7 days

Due to Hypertension

Due to _____

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

10. Usual occupation Painter

Other conditions Terminal Pneumonia 3 days
(Include pregnancy within 3 months of death)

MOTHER, FATHER

11. Industry or business _____

12. Name George Burton

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

14. Maiden name Ellen Miner

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

Major findings: Of operations none 3 A

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elliott Burton

(b) Address 1125 Quinn, Moberly

17. (a) Burial (b) Date thereof Aug. 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville

18. (a) Signature of funeral director Louis E. Hopper

(b) Address Clarence, Missouri

19. (a) Aug 30 47 (b) Leah Williams
(Date received local registrar) (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 Dr. Dreyer (M. D. or other) MD

Address Huntsville Mo Date signed 8/29/47

RECEIVED
District Health Officer No. 10
District File Number 9-47-12
Date Filed SEP - 8 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.....

Paul E. Hayer....., Registered Apprentice No. *417*
working under my personal supervision.

Signed..... *E. Hayer*

Licensed Embalmer No. *1437*

P. O. Address.....

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.