

FILED NOV 19 1947

Registration District No. 24

Primary Registration District No. 6093

Registrar's No. 225

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
Mo State School 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 yrs - 6 mo - 27 da
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory

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

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

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

3. (a) PRINT FULL NAME holy Burton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8
year 1947 hour 11 30 minute A M.

21. I hereby certify that I attended the deceased from 1944 to 11-8, 1947
that I last saw her alive on 11-8, 1947
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct. 15 1897
(Month) (Day) (Year)

Immediate cause of death Tuberculosis of Lungs

Due to _____

Due to _____

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

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

54 - 23 hr. _____ min.

9. Birthplace Hermitage Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name L. A. Burton

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

14. Maiden name Mary L. Donovan

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant Records Mo State School

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof 11-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo State School Marshall Mo.

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall Mo.

19. (a) 11-10-1947 (b) Edw. T. Gray
(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)
(c) Means of injury 10

23. Signature W. J. Kelly, MD. (M. D. or other)
Address Marshall Mo. Date signed 11/8/47

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

RECEIVED

District Health Officer No. 8,

District File Number

11-18-47

Date Filed

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.....

Joseph R Mackler

Registered Apprentice No. 43

working under my personal supervision.

Signed Harry Fershberger

Licensed Embalmer No. 4357

P. O. Address Marshall, 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.