

FILED JUN 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. 107

Primary Registration District No. 301-95422

State File No. ....

17008

Registrar's No. 187

1. PLACE OF DEATH:  
 (a) County Dunklin  
 (b) City or town Kennett Rural  
 (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 28 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Dunklin 55  
 (c) City or town Kennett Mo Rural 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country:     

3. (a) PRINT FULL NAME Clyde Burton3. (b) If veteran, name war. NO 3. (c) Social Security No. ....4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. Married6. (b) Name of husband or wife      6. (c) Age of husband or wife if alive      years7. Birth date of deceased May 28 1919  
(Month) (Day) (Year)8. AGE: 28 Years Months Days If less than one day  
hr. min.9. Birthplace Octa Mo  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business  
12. Name Frances Mayron Burton13. Birthplace Hamilton Co Lil  
(City, town, or county) (State or foreign country)14. Maiden name Emma Layton15. Birthplace Rector Ark  
(City, town, or county) (State or foreign country)16. (a) Informant Eugene Burton  
(b) Address 926 S 10 Th St St Louis Mo17. (a) (b) Date thereof  
(Burial, cremation, or removal) (Month) (Day) (Year)18. (a) Place: burial or cremation Gregory Cem  
(b) Signature of funeral director Lentz Und Co19. (a) 5-30-1947 (b) Earl Hubbard  
(Data received local registrar) (Registrar's signature) go

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day May  
year 1947 hour Dk minute Dk M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on     , 19    , to     , 19    ;  
and that death occurred on the date and hour stated above.Immediate cause of death Gun Shot Wound  
in the head Self inflictedDue to     Due to     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) Suicide(b) Date of occurrence May 28 1947(c) Where did injury occur? Kennett Dunklin Mo

(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 Cor 323. Signature Walter F. HaupnerAddress Kennett Mo Date signed 1-29-47

RECEIVED

District Health Office No. 2,

District File Number 652-796

Date Filed 6-2-41

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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

Walter A. Hawkins

Licensed Embalmer No. 2009

P. O. Address Kenneth

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.