FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15892

FILED MAY 24 1948

Registration District No. 10-7 Primary Registration District No. 5422 Registrar's No. 51

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett Mo. (Rural) 2nd Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dunklin 35
(c) City or town Kennett (Rural) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Francis Marion Burton
3. (b) If veteran, name war X
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Seperated
6. (b) Name of husband or wife Rosy Burton
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Sept. (Month) 22nd (Day) 1880 (Year)

8. AGE: Years 67 | Months 5 | Days 18 | If less than one day hr. min.

9. Birthplace Hamilton (City, town, or county) ILL. (State or foreign country)
10. Usual occupation Farming
11. Industry or business Farmer

FATHER
12. Name Allen Burton
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Polly Ann Adams
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Eugene Burton
(b) Address 1435 S. 7th, St. Louis Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery
18. (a) Signature of funeral director Lentz Service
(b) Address Kennett Mo
19. (a) 5-12-1948 (Date received local registrar) (b) Earl Thurlby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1948 hour 2:00 minute abt 5 A. M.
21. I hereby certify that I attended the deceased from Mar 1, 1948 to May 9, 1948
that I last saw him alive on May 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	5 days.
Due to Hypertensive Cardio-Vascular renal disease.	
Due to	
Other conditions (Include pregnancy within 3 months of death) Prostatic Hypertrophy	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Chester R. Peck (M. D. or other) M.D.
Address Kennett Mo Date signed May 12, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 548-656
Date Filed 5-21-48

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 Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.