41

STANDARD CERTIFICATE OF DEATH

State Department of Health
Division of Vital Statistics
STATE OF IOWA

19525

1. PLACE OF DEATH
County Harrison State: ~~IOWA~~ MO. Registered No. 6
Township Lincoln or Village ____ or
City ~~Hatfield~~ No. 340 St. ____ Ward
(If death occurred in a hospital or institution give its name instead of street and number)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs Nancy Burch
(a) Residence. No. ____ St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Burch

6. DATE OF BIRTH (month, day, and year) Aug. 8/1838

7. AGE Years: 94 Months: 9 Days: 28 If less than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER
13. NAME James Woodey
14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) "

17. INFORMANT (Address) John Burch.

18. BURIAL, CREMATION, OR REMOVAL Hatfield Mo.
Place Gravity Ia. Date 6/8, 1933

19. LICENSED EMBALMER C.O.Rhoades No. 2479
(Address) Mt Ayr Ia.

20. FILED 7-10, 1933 Chas Adair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/6/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1933 to 6/6, 1933
I last saw her alive on 6/2, 1933, death is said to have occurred on the date stated above, at 7/00 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Apoplexy	
[illegible]	

Contributory causes of importance not related to principal cause:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) S. D. Dee M. D.
(Address) Blythedale Mo

(OVER)

MARGIN RESERVED FOR BINDING

V. S. No. 155—Original

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 22 1933

BY PHYSICIANS.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS.

Has decedent ever served in military or naval service of the U. S.?..... If so give name of War.....

I, L. E. Rhoades Licensed Embalmer No. 2479 hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. E. L. E. No..... or by..... Registered apprentice No..... working under my personal supervision.

Signed L. E. Rhoades

Licensed Embalmer No. 2479

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license).