

DEC'D FEB 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2257
Do not use this space.

1. PLACE OF DEATH

(a) County Genney 2 Registration District No. 314
(b) Township _____ Primary Registration District No. 4190 Registered No. 2
(c) City Stanbery 1 (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 1625 Charlie Lee Burcher

(a) Residence, No. Stanbery, Putney County, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Burcher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-30-1880
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 1 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Salesman, Blair Products
10. Date deceased last worked at this occupation (month and year) 1-28-1939 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chimneyton Ohio

FATHER 13. NAME J. L. Burcher 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

MOTHER 15. MAIDEN NAME Nadie Lee 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

17. INFORMANT Minnie Burcher (ADDRESS) Stanbery Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pattersonburg, Mo. 1-31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. E. Johnson Stanbery Mo.

20. FILED JAN 30 1939 C S Bernat Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1939 to Jan 28 1939
I last saw him alive on Jan 28 1939. Death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Date of onset Jan 26 1939

Other contributory causes of importance:
Had history of a year and two years previous

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) J. J. Hinkley, M. D.
(Address) Stanbery, Mo.

N. B.—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.

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,

J. Ewan Johnson

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

J. Ewan Johnson

Licensed Embalmer No. *3492*

P. O. Address **STANBERRY, 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, above space should be left blank.