

REC'D APR 13 1939

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

11734
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 625
 (b) Township Folk Primary Registration District No. 303
 (c) City Marionville Mo (d) Street No. St. Frances Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ralph William Burchett

(a) Residence, No. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-7-1923
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
16 16 1 20
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Worked on Farm
 9. Industry or business in which work was done, as 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) Graham Missouri

13. NAME Chas. A. Burchett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee County Virginia

15. MAIDEN NAME Mertie Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar Missouri

17. INFORMANT (ADDRESS) Chas. A. Burchett Barnard Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnard Mo DATE March 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home 957 South Main Marionville Mo

20. FILED 3-29-38 Namie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/21 1939 to 3/26 1939

I last saw him alive on 3/26 1939. Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Edema
72W
 Date of onset _____

Other contributory causes of importance:
Chronic Pneumonia
Chronic Myelogenous Leukemia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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? no

If so, specify _____ (Signed) Loren E. Egley, M. D.
Marionette, Mo. (Address)

WHILE PRINTING WITH OUTFRONTING INK--THIS IS A PERMANENT RECORD

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.

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X-16625

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.....

W. Dean Campbell

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

W. Dean Campbell

Licensed Embalmer No. *2630*

P. O. Address *Norville, N.C.*

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.