

REC'D OCT 10 1939

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

32303
Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 272
(b) Township Beaumont Primary Registration District No. 5379
(c) City Avon (d) Street No. 1111 S. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Ghanda Lou Burchell
(a) Residence, No. Avon, 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-15-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
2 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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) Avon Mo.

FATHER 13. NAME Howard Burchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Avon Mo.

MOTHER 15. MAIDEN NAME Opal Evelyn Smallwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaumont Mo.

17. INFORMANT (ADDRESS) Opal Evelyn Burchell Avon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Avon DATE 9-11-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom Friends

20. FILED 9-21-39 Henry Burk Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11-1939

22. I HEREBY CERTIFY, That I attended deceased from 9-11-1939, to 9-11-1939

I last saw her alive on 9-11-1939. Death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Typhoid fever
Other contributory causes of importance: Toxemia Dehydration

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Exam 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) M. C. Gentry, M. D.
(Address) Avon Mo.

WRITE PLAINLY, WITH UNFADING 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.

RECEIVED

District Health Officer No. 6,

District File No.

1039-1919

Date Filed

Oct 2 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

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.