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13-40
17-39
X23159

Registration District No. 290

Primary Registration District No. 5408

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Senath Mo. Salina
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Winford Eugene Burcham

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 2 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

2 8 hr. min.

9. Birthplace Senath Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Andrew E. Burcham

13. Birthplace Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Johnson

15. Birthplace Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Burcham

(b) Address Senath Mo. Rte. 1

17. (a) Burial (b) Date thereof April 11 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGrew

18. (a) Signature of funeral director A. J. Emerson

(b) Address Paragould Ark.

19. (a) May 6-1941 (b) A. J. Emerson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin

(c) City or town Senath Route 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 1941
year _____ hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 10 at 7 P.M. to April 10, 1941
that I last saw her alive on April 10 at 7 P.M. and that death occurred on the date and hour stated above.

Immediate cause of death _____
made no trace as the baby was still in the womb when they realized she had small symptoms

Due to _____

Due to it had small pneumonia

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to 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? _____

23. Signature A. J. Emerson (M. D. or other) D
Address Senath Mo. Date signed 4-10-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2,

District File Number 541-650

Date Filed 6/16/41

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, fact should be so stated above.