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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34921**
Registrar's No. **847**

Registration District No. **318** Primary Registration District No. **2001**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ST. JOHN'S HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 HOURS**
In this community **4 HOURS**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **640 W. Walnut**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **✓**

3. (a) PRINT FULL NAME **INFANT SON OF MR. & MRS. JOHNN RILEY BURCHARD**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **OCTOBER 21 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 0 0 4 hr. 30 min.

9. Birthplace **SPRINGFIELD MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **INFANT**

11. Industry or business **IN HOME**

MOTHER FATHER { 12. Name **JOHN RILEY BURCHARD**
13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **MAXINE GRISMAN**
15. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Foster Latimer**
(b) Address **320 University, Springfield, Mo.**

17. (a) **Funeral** (b) Date there **Oct 21-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Lawn Cemetery**

18. (a) Signature of funeral director **W. Kingner**
(b) Address **Springfield, Mo.**

19. (a) **10-21-41** (b) **M.E. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **21**
year **1941** hour **7** minute **00 A** M.
21. I hereby certify that I attended the deceased from **Oct 21**
1941 to **Oct 21 1941**;
that I last saw him alive on **Oct 21 1941**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity - 5 mo's fetus**
Due to _____
Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **Not done**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Joseph L. Pickett MD**
Address **Springfield, Mo.** Date signed **10/21/41**

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

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.