

FILED JAN 30 1942

Registration District No. 67

Primary Registration District No. 5104

Registrar's No. 2

1. PLACE OF DEATH

(a) County Bollinger
(b) City or town Bollinger
(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
In this community One year (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES NELSON BURCH

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 married
6. (b) Name of husband or wife AMANDA BURCH 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased OCT. 18 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 11 If less than one day hr. min.

9. Birthplace BURCH UMO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name Sidney Burch

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

14. Maiden name unknown

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

16. (a) Informant Amanda Burch

(b) Address Bollinger Mo

17. (a) Burial (b) Date thereof Dec 31 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sidney, Ill.

18. (a) Signature of funeral director Wm. Lish

(b) Address Bollinger Mo

19. (a) 12/31/41 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1941 hour 12:15 minute P M.

21. I hereby certify that I attended the deceased from December 29, 1941 to December 29, 1941
that I last saw him alive on December 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia of right side of body
apoplexy
Due to
Due to

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

Major findings:
Of operations ✓

Of autopsy ✓

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) Manner of injury ✓

23. Signature Dr. R. A. Smith (M. D. or other) DO

Address Bollinger Mo Date signed 12/31/41

RECEIVED

District Health Officer No. 4
District File Number 142-83
Date Filed 1-14-42

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 Me

.....Registered Apprentice No.

working under my personal supervision.

Signed

Norman W. Gish
Licensed Embalmer No. 3387

P. O. Address Richmond, 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, fact should be so stated above.