

FILED JAN 30 1942

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

1664

Do not use this space.

1. PLACE OF DEATH

(a) County Bellinger Registration District No. 69
 (b) Township Wayne Primary Registration District No. 5108
 (c) City Lead Springs (d) Street No. 1 Registered No. 1664
 (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. ds.

2. PRINT FULL NAME

William Joseph Burchett
 (a) Residence, No. New Advanced, Mo. St. Mo. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1869

7. AGE YEARS 72 MONTHS 3 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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 Life

12. BIRTHPLACE (CITY OR TOWN) Bellinger Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME Joseph Burchett
 14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lucinda Irwin
 16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Melvin Burchett
Advanced,

18. BURIAL, CREMATION, OR REMOVAL PLACE Walton, Mo. DATE Dec. 17, 1941

19. FUNERAL DIRECTOR (NAME) Wayne D. Mays (ADDRESS) Advanced, Mo.

20. FILED 12/16 1941 Thos. Denver Graham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1941, to Dec. 16, 1941.

I last saw him alive on Dec. 15, 1941. Death is said

to have occurred on the date stated above, at 5 A. m.

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

Polar pneumonia Date of onset

Other contributory causes of importance: Senility 106

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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?

If so, specify

(Signed) E. C. Masters M. D.

(Address) Advanced, Mo.

HYDRAULIC PRESS
FOR THE
EMBALMING

District Health Officer No. 4

District File Number 142-81

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, _____

Lloyd S. Morgan

or by _____

Registered Apprentice No. _____, working under my personal supervision

Signed _____

Lloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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, above space should be left blank.