DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6278

FILED MAR 13 1943

Registration District No. 763   Primary Registration District No. 4095   Registrar's No. 9

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Eldorado Spgs
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution

In this community 4 Sweeks
years, months or days   (Specify whether)

3. (a) PRINT FULL NAME James H Burch

3. (b) If veteran, name war NV

3. (c) Social Security No. N7

4. Sex Male   5. Color or race White   6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Don't _____ alive Dead years

7. Birth date of deceased 1867 — APRIL 20
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	10	8	hr. ___ min. 0

9. Birthplace Metz Mo   0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired Farming

FATHER
12. Name Mitchell Burch
13. Birthplace Kentucky   1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Francis Roan
15. Birthplace Mo   0
(City, town, or county) (State or foreign country)

16. (a) Informant Lora Burch

(b) Address T.C. Mo

17. (a) Burial   (b) Date thereof Mar 2 1942
(Burial, cremation, or removal)   (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn — RichHill Mo

18. (a) Signature of funeral director ___

(b) Address Rich Hill Mo

19. (a) Feb. 28 1942 (b) ___
(Date received local registrar)   (Registrar's signature)

1046

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town El Dorado Spg 3

(d) Street No. 116 W. Field Building
(If rural, give location)

(e) Citizen of foreign country? No   (Yes or No)

If yes, name country ___

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28

year 1942 hour 12 minute 40 AM

21. I hereby certify that I attended the deceased from Feb 2

19 42 to Feb 28, 1942

that I last saw him alive on Feb 27, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorage

	Duration
Due to Arteriosclerosis	
Due to Old age 74	
Other conditions 2nd stroke (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy 830

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 0

23. Signature L.T. Dunaway (M.D. or other)

Address El Dorado Spg   Date signed 2-28-42

(Licensed Embalmer's Statement on Reverse Side)

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......*John H Anderson*..

Licensed Embalmer No......*3585*......

.P. O. Address......*Brittledge*......

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.