

FILED FEB 25 1942
Registration District No. 3029

Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Hannibal, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Elizabeth's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community 9 days
years, months or days

3. (a) PRINT FULL NAME Fred 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 Widowed

6. (b) Name of husband or wife Anna Burch 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased not known
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 68 - - - - hr. - - min.

9. Birthplace not known
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery Store Prop

11. Industry or business Individual owner

12. Name William Wilson Burch

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Perkins

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Berkshire

(b) Address Hannibal, Mo.

17. (a) Burial (b) Date thereof Feb. 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knox city cemetery

18. (a) Signature of funeral director Roy O. Schwartz

(b) Address 1000 Broadway Hannibal, Mo.

19. (a) 2/18/42 (b) Robt. H. Conner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17
year 1942 hour 1:35 minute A. M.

21. I hereby certify that I attended the deceased from 2-12
1942 to 2-17 1942
that I last saw him alive on 2-17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to senility

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration
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) Means of injury

23. Signature J. A. Reulwin (M. D. or other)

Address 1001 Broadway Hannibal, Mo. Date signed 2/17/42

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

4
3
4

1146

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.....

Roy P. Schwartz

Licensed Embalmer No.....

1765

P. O. Address.....

1000 Bldg, Hannibal,

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.