

FILED MAY 14 1942
Registration District No. _____

Primary Registration District No. 2002

49
2
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jasper

(a) County Jasper

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

(c) Name of hospital or institution: Freeman Hosp - 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME William Alexander Burcham

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced !

6. (b) Name of husband or wife Nancy

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: Dec. 27, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>73</u>	<u>4</u>	<u>6</u>
				hr. min.

9. Birthplace: Liberton Co Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business _____

12. Name Ruben Burcham

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

14. Maiden name Laura Stone

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

16. (a) Informant Riley Burcham

(b) Address 243 - 9th St Bate Springs Kan

17. (a) Removal (b) Date thereof 4-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bate Springs Kan

18. (a) Signature of funeral director [Signature]

(b) Address _____

19. (a) 4-13-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla (b) County Adair 947

(c) City or town Joplin 34
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 2

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1942 hour 9 minute 35 p.m.

21. I hereby certify that I attended the deceased from March 29, 1942 to April 6th, 1942
that I last saw him alive on April 6th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease

Due to Arteriosclerotic Heart Disease 2 yrs

Due to Arteriosclerotic Heart Disease 1 yr

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 93 &

Of operations _____

Of autopsy _____

Duration

2 yrs

1 yr

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? _____

(Specify type of place) _____ (e) Means of injury _____

While at work _____

23. Signature [Signature] (M. D. or other) MD

Address Bate Springs Kan Date signed Apr 7, 42

42-4-394

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

John H. Smith
John H. Smith

..... Licensed Embalmer No.

..... P. O. Address

820
John H. Smith

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.