

FILED MAY 20 1942
Registration District No. 105

Primary Registration District No. 3034

Registrar's No. 93

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

1. PLACE OF DEATH:

(a) County Randolph

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

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

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

In this community 21 years
years, months or days

3. (a) PRINT FULL NAME Ellis Burchard

3. (b) If veteran, name war ✓

3. (c) Social Security No. 702-05-8132

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 16th 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 3 11 hr. min.

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

10. Usual occupation Switchman

11. Industry or business Wabash R.R.

12. Name John H. Burchard

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

14. Maiden name Sarah Yonge

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

16. (a) Informant Mrs Myrtle Burchard

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Apr 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) 4-29-42 (b) Erma Love
(Date after local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly Mo 6
(If outside city or town limits, write "RURAL") 3

(d) Street No. 1125 Bond St (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1942 hour _____ minute 20 P. M.

21. I hereby certify that I attended the deceased from April 21, 1942, to April 27, 1942, that I last saw him alive on April 27, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Left Hemiplegia Duration 12 hours

Due to _____

Due to _____

Other conditions Bilateral labor
(Include pregnancy within 3 months of death)

Major findings: pneumonia - 7 days

Of operations _____

Of autopsy not done

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) no

(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 no

23. Signature J. G. Neurshey (M. D. or other) M.D.
Address 415 Broad St Moberly, Mo Date signed 4-29-42

RECEIVED

District Health Officer No. 10

District File Number 5-42-1165-

Date Filed MAY 19 1942

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 Frank S. D. Watt

Licensed Embalmer No. 3021

P. O. Address Woburn, 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.