

**RECEIVED JUN 10 1942**

Primary Registration District No. 202

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

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Rural-West White Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lida Elbert Burcham

3. (b) If veteran, name war: No

3. (c) Social Security No. ....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert S. Bureham

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

7. Birth date of deceased November 25, 1853  
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Henry County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Lode Elbert

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

14. Maiden name Mary Sallee

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

16. (a) Informant Mrs. J.B. Chipman

(b) Address Calhoun, Missouri

17. (a) Burial (b) Date thereof May 28, '42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Mo.

19. (a) May 29, 42 (b) Joe S. [Signature]  
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town R.F.D.#4, Windsor, Mo.  
(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 May day 26  
year 1942 hour 7 minute 0 P.M.

21. I hereby certify that I attended the deceased from Feb. 10, 1942  
May 25 1942 to May 25 1942  
that I last saw her alive on May 25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cholodithrosis  
Duration 8 yrs.

Due to .....

Due to .....

Other conditions 126  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations none

Of autopsy none

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? .....

(Specify type of place) 0

(e) Means of injury .....

23. Signature J.A. [Signature] (M. D. or other) M.D.  
Address Windsor, Mo. Date signed 5-29-42

RECEIVED

District Health Officer No. 7,

District File Number 6-43-549

Date Filed 6-3-42

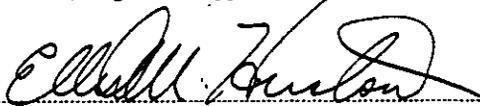
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3391

P. O. Address Umbagog, Me.

**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.