

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11716

State File No.

FILED APR 13 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 102

1. PLACE OF DEATH:

(a) County... Pettis

(b) City or town... Sedalia

(c) Name of hospital or institution: Bothwell Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 10 days
In this community... 16 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Pettis 80

(c) City or town... Sedalia 14
(If outside city or town limits, write "RURAL")

(d) Street No... 523 W. 5th
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country... 0

3. (a) PRINT FULL NAME Nancy Gertrude Burch

3. (b) If veteran, name war.....

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Mar... day... 9
year... 1944 hour... 5 minute... A.M.

21. I hereby certify that I attended the deceased from... 2-28... 1944, to... 3-9... 1944
that I last saw him alive on... 3-8... 1944
and that death occurred on the date and hour stated above.

4. Sex... Female

5. Color or race... White

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

6. (b) Name of husband or wife... William Coleman Burch

6. (c) Age of husband or wife if alive... 29 years 1875

7. Birth date of deceased... January 29 1875
(Month) (Day) (Year)

Immediate cause of death... Ac. Pylorophrosis 4 da.

Due to... Vaginal hysterectomy for Steu-Uteral Prolapse 20970

Other conditions... 1330
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
69	1	9	hr. min.

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

10. Usual occupation.....

11. Industry or business... Home

MOTHER FATHER {

12. Name... William Lewis

13. Birthplace... Lexington Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name... Carrie Neff

15. Birthplace... Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Marie Hayman

(b) Address... Downey Cole

17. (a) Burial (b) Date thereof... 3/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Crown Hill

18. (a) Signature of funeral director... McLaughlin Bros.

(b) Address... Sedalia, Missouri

19. (a) 3-11-44 (b) Mrs. Anna Burger
(Date received local registrar) (Registrar's signature)

Major findings: Complete Prolapse uterus & bladder

Of autopsy.....

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)

While at work?..... (e) Means of injury.....

23. Signature... J.W. Boger (M. D. of State)
Address... Sedalia Date signed... 3/11/44

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

70
6
4

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-12-74

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

Lucius F. Parker

Licensed Embalmer No.

3840

P. O. Address

Sedalia, 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.