

FILED JAN 4 1945

Registration District No. 108

Primary Registration District No. 4179

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Senath
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME CHARLET ANN BURCHAM

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased SEPT | 10 | 1944
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day
2 | 16 | | hr. | min.

9. Birthplace SENATH | MO | 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name ANDREW EUGENE BURCHAM
13. Birthplace ARK | 1
(City, town, or county) (State or foreign country)
14. Maiden name AGNES JOHNSON
15. Birthplace MONETT | ARK | 1
(City, town, or county) (State or foreign country)

16. (a) Informant ANDREW EUGENE BURCHAM
(b) Address SENATH, MO

17. (a) (Burial, cremation, or removal) (b) Date thereof 11 | 27 | 1944
(Month) (Day) (Year)

(c) Place: burial or cremation MCGREW

18. (a) Signature of funeral director McDaniel Funeral Ser

(b) Address Senath, Mo

19. (a) 12-20-1944 (b) H. O. Ostry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35
(c) City or town Senath 4
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 18

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26
year 1944 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....
Conginital. Valvular. Heart

Duration

Due to.....

Due to..... 157e

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

Major findings: Of operations.....

Of autopsy..... No

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?

While at work? Home (Specify type of place) (c) Means of injury 3

23. Signature Walter G. Hewitt (M. D. or other) Con

Address Senath, Mo Date signed 11-29-44

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

5
4
0

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.....

not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed

Arthur J. McDaniel

Licensed Embalmer No. *2093*

P. O. Address *Senath, 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.