S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

100239

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1224

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5482

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: 6828 BALES AVENUE
(If not in hospital or institution, write street number or location)

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

In this community 80 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6828 BALES AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country --

3. (a) PRINT FULL NAME MRS LUCINDA BURCH

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ MR. SAMUEL THOMAS BURCH

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

7. Birth date of deceased MARCH (Month) 11 (Day) 1853 (Year)

8. AGE: Years 92 | Months 9 | Days 20 | If less than one day ___ hr. ___ min.

9. Birthplace BOONE COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business --

FATHER
12. Name JACOB ZUWMALT
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name NANCY UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MR JAMES I. BURCH

(b) Address 6828 BALES AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 2 1946 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-31-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 31 ST year 1945 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 22 1945 to Dec 31 1945; that I last saw her alive on Dec 31 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carbid Occlusion	
Terminal Pneumonia	
Due to Arteriosclerosis	
Chronic Nephritis	
Due to Old age	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131 15
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 Fred Jones (M. D. ~~or other~~)

Address 80 & 1 Paseo Date signed 12/31/45

(Licensed Embalmer's Statement on Reverse Side)

80th & Vases

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.