

No. 2
5-5-43
5-17-39
I X36671

FILED MAY 27 1946

State File No.

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution:
Samaritanas
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon

(c) City or town Macon 3
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Verdelle K. Burch

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 1945 to Mar 12 1946
that I last saw her alive on Mar 12 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Eugene Burch

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

7. Birth date of deceased April 28 1925
(Month) (Day) (Year)

Immediate cause of death Post Partum hemorrhage Fewkes

Due to Retained Placenta + atony of uterus Fewkes

Due to _____

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

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

20 10 13 hr. min. 0

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

10. Usual occupation House wife

Major findings: Of operations 146

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Perry Welch

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

14. Maiden name Matie Featherston

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

16. (a) Informant Velma Daniels

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof Mar 16 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. Macon Mo.

18. (a) Signature of funeral director Stephens & Gooding

(b) Address Macon, Mo.

19. (a) 4-13-46 (b) Arthur McNeely
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Howard Miller (M. D. or other) _____

Address Macon Date signed 4/4/46

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

23

SEP 17 1954

RECEIVED

District Health Officer No. 10

District File Number 5-46-1051

Date filed -- MAY 23 1946 -----

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.....

C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address. Macon, 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.