

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36550**

FILED DEC 2 1946
Registration District No. **181**

Primary Registration District No. **4173**

Registrar's No. **63**

1. PLACE OF DEATH:

(a) County **Douglas**
(b) City or town **Ava**
(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. (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Francis Almira Burchell**

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 **Married**
6. (b) Name of husband or wife **John Burchell** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **September 21, 1876**
(Month) (Day) (Year)

8. AGE: Years **70** Months **1** Days **8** If less than one day
hr. min.

9. Birthplace **Marion County, Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **James Cull**
13. Birthplace **Washington D. C.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sally Sterll**
15. Birthplace **Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Madge Burchell**
(b) Address **Ava, Mo.**
17. (a) **Burial** (b) Date thereof **10-31-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ava**

18. (a) Signature of funeral director **Clinkingford Funeral Ho**
(b) Address **Ava, Missouri**
19. (a) **11/21/46** (b) **Vesta Bushman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Douglas** **34**
(c) City or town **Ava**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **29**
year **1946** hour **9** minute **30** **A.M.**

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Embolism 2 Day
Chronic Hypertension 8 yr
Chronic Myocarditis 10 yr
Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

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?

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

23. Signature **J. C. Henry** (M. D. or other)
Address **Ava, Mo.** Date signed **10-1-46**

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
1146-1186
Date Filed NOV 29 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..... *W.B. Luthers*.....
Licensed Embalmer No. *3431*
P. O. Address *Orlando*

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.