

FILED JAN 19 1947

State File No.

Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community sixteen years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Sleeper
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Georgia Edna Burch

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lycurgus Burch 6. (c) Age of husband or wife if alive, years 13
7. Birth date of deceased April 13 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 18 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Anton West
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Shumate
15. Birthplace Laclede Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Burch
(b) Address Sleeper Mo.

17. (a) Burial (b) Date thereof 11-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.

19. (a) Jan 9, 1947 (b) Dr. Frankburger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1946 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1 Nov 1946 to 1 Nov 1946
that I last saw her alive on 1 Nov 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Gallbladder
Duration 1 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 46F

Major findings: Of operations

Of autopsy: Carcinoma of Gall Bladder
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) (e) Means of injury

23. Signature Paul A. Jenkins, M.D.
Address Lebanon Mo. Date Jan 9, 1947

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

MOTHER FATHER

Received 1/11/47

Laclede County Health Unit

File No. 11-46-196

Date Filed 1/11/47

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 Dorsey M. Howe.....

Licensed Embalmer No. 4222.....

P. O. Address Lebanon 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: