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FILED APR 8 1947

Primary Registration District No. 4004

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Nodaway Andrew  
(b) City or town Balskew, Missouri  
(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 years, months or days) 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74  
(c) City or town Balskew  
(If outside city or town limits, write "RURAL")  
(d) Street No. —  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME EVAN B. BURCHETT

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rebecca Burchett 6. (c) Age of husband or wife if alive 87 years  
7. Birth date of deceased August 25, 1869  
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 26 If less than one day — hr. — min.

9. Birthplace Jonesville Va  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business None

12. Name Samuel A. Burchett

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

14. Maiden name Sarah James

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

16. (a) Informant Rebecca Burchett

(b) Address Balskew, Mo.

17. (a) Burial (b) Date thereof MAY 23, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Balskew Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address 120 East 1st, Mayville, Mo.

19. (a) 3-23-47 (b) Lilburne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 <sup>ST.</sup>  
year 1947 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from 9th - 1 1947 to 21 - 11th 1947  
that I last saw him — alive on Mar. 19 - 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Arthur Schussler Duration —

Due to —

Due to —

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

Major findings: Of operations A

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 W. Logan Wood (M. D. or other) —

Address Balskew Mo. Date signed 4/10/47

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 John W. Price  
Licensed Embalmer No. 4281  
P. O. Address Maryville 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

April

Registration District No. 2Primary Registration District No. 4004

Registrar's No.

146

## 1. PLACE OF DEATH:

- (a) County Anderson  
 (b) City or town Polkton  
 (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 Evan B. Burkett3. (b) If veteran,  
name war.....3. (c) Social Security  
No.....4. Sex M 5. Color or race W 6. (a) Single, widowed, married,  
divorced M6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
alive..... years7. Birth date of deceased.....  
(Month) (Day) (Year)8. AGE: Years 85 Months 6 Days 25 (Unless than one day  
hr. min.9. Birthplace South Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State..... (b) County.....  
 (c) City or town.....  
 (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 April  
year 1941 hour..... minute..... M.21. I hereby certify that I attended the deceased from  
..... to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Duration

Due to.....

Due to.....

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 sta-  
tistically.

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?..... (c) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

S-7750