

S. No. 2
M-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14376
Registrar's No. 71

Registration District No. 251 Primary Registration District No. 3048

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville, Mo.
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 45 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Pickering
(If outside city or town limits, write "RURAL")
(d) Street No. (No Street Address)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME JAMES ALBERT BURCH

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 4th
year 1947 hour 4 minute 20 P. M.

3. (b) If veteran, name war None 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from March 20, 1947 to April 4, 1947
that I last saw him alive on 4/14 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

Immediate cause of death Pneumo-pneumonia

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased May 23 1867
(Month) (Day) (Year)

Due to Asphyxiation

8. AGE: Years Months Days If less than one day
79 10 11 hr. min.

Due to Senility

9. Birthplace Wilcox Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Laborer

Major findings: Of operations 33A

11. Industry or business None

Of autopsy

12. Name John H. Burch

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

14. Maiden name Martha Bishop

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

16. (a) Informant John Burch

(b) Address Pickering, Mo.

17. (a) Burial (b) Date thereof 4/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shearer Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address 120 E. 1st, Maryville, Mo.

19. (a) 4/18/47 (b) Beas Bolt
(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?

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

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

Address ... Date signed 4/18/47

229 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

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.