. S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21360

FILED JUL 10 1947

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 710 W. 22nd St.,
(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)
In this community: 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 710 W. 22nd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mamie Gertrude Burch
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: F.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: S.
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: June (Month) 8, (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
64	11	22	hr. min.

9. Birthplace: Adrian County, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Teller, City Revenue office
11. Industry or business:

FATHER
12. Name: Andrew Burch
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Jessie Mapes
15. Birthplace: New York (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Jessie Burch
(b) Address: 710 W. 22nd St., Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 6-2-47 (Date received local registrar) (b) Dolores Lamplein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 30 year: 1947 hour: 2:15 minute:
21. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw her alive on 5-29-47, 19, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	5 days
Due to: Pancreatitis	90 days
Due to:	
Other conditions (include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: R. A. Mahoney (M. D. or other) D.O.
Address: Joplin, Mo Date signed: 5/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

47. 6-533

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.