

FILED JUL 15 1948

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 126

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks - 5 days
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Closs M. Burcham

3. (b) If veteran, name war NIL

3. (c) Social Security No. 488-18-9035

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Lydia (Smith) Burcham alive _____ years

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 5 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>6</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Rich Hill, Lincoln Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

12. Name George Washington Burcham

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

14. Maiden name Rebecca Ragsdale

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

16. (a) Informant Earl Burcham

(b) Address 705 N. Benton - St. Charles, Mo.

17. (a) burial (b) Date thereof July 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery, St. Charles, Missouri

18. (a) Signature of funeral director H. D. Hallmeyer & Sons Co.

(b) Address 800 N. 2nd - St. Charles, Mo.

19. (a) 7-7-48 (b) Frankie Haunstein
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 1815 North Second Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1948 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from Aug 9 1948 to June 29 1948
that I last saw him alive on June 28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hy peremic heart disease

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____

Signature E. J. Canty, M.D. (M. D. or other)

Address St. Charles, Mo. Date signed 6/30/48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8
District File Number
Date Filed JUL 14 1948

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 Joseph I Landwehr
Licensed Embalmer No. 4189
P. O. Address St. Charles 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.