

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40042**

FILED JAN 8 1949 **149**

Primary Registration District No. **1002**

Registrar's No. **5190**

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs.
In this community 2 YEARS
years, months or days (Specify whether)

3. (a) PRINT FULL NAME EMMETT Charles Burcham
3. (b) If veteran, No name war
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MRS. FLORENCE EMMETT BUCHAM 6. (c) Age of husband or wife if alive UNK NO WIV years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 72 Months Days If less than one day hr. min.

9. Birthplace NEAR WINDSOR MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN REAL

11. Industry or business

MOTHER FATHER { 12. Name BURCHAM

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

14. Maiden name SARAH YEATER

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

16. (a) Informant MR. ROBERT C. BURCHAM

(b) Address 2001 INDEPENDENCE AVENUE

17. (a) BURIAL (b) Date thereof DEC-21-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WINDSOR MISSOURI

18. (a) Signature of funeral director D.H. Heivromer

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-22-48 (Date received local registrar) (b) Steraldine Holmer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3217 Cleveland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 21st
year 1948 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from 12
21, 1948, to 12-21, 1948;
that I last saw him alive on 12-21, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: 8314
Of operations
Of autopsy None

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?

Wm. W. Hart (Specify type of place) While at work? (e) Means of injury

23. Signature Wm W Hart (M.D. or other) Med. Dir. Gen'l Hosp.
Address Date signed 12-21-48

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

Dr. Rutter

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... *Bernard L. Horan*
Licensed Embalmer No. *4250*
P. O. Address *NC 101*

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.