

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) Linden		b. COUNTY CLAY	
c. LENGTH OF STAY (In this place) 3 yrs		c. CITY OR TOWN Linden, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 12 No. K.C.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Rt. 12 No. K.C. 6000			

3. NAME OF DECEASED (Type or Print) MARTHA Belle BURCH	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) MAY 29 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH MAR. 24-1895	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 1 HOUR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Harlem, Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME FRANK Elrod	13b. MOTHER'S MAIDEN NAME Odelia TATMAN	14. NAME OF HUSBAND OR WIFE RANNIE BURCH (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Virgil BRUNSON	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomas		6 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the uterus DUE TO (c)		18 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Mar 1 54	19b. MAJOR FINDINGS OF OPERATION Carcinomas	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 174X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec**, 19**52**, to **May 25, 1954**, that I last saw the deceased alive on **May 28, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Samuel T. Mullins M.D.	(Degree or title)	23b. ADDRESS 1808 Supt St. N. K. C. Mo.	23c. DATE SIGNED 5-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-31-54	24c. NAME OF CEMETERY OR CREMATORY Old GERMAN	24d. LOCATION (City, town, or county) (State) PLATTE Co. MO.
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DATE REC'D BY LOCAL REG. 5-31-54	REGISTRAR'S SIGNATURE Marguerite Judgen	5. FURNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMERS	ADDRESS N. K. C. MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John Kalsbeck*

Licensed Embalmer No. *49*
P. O. Address *North Lenoir*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.