

Registration District No. 349

Primary Registration District No. 5499

Registrar's No.

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town Lewis Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ✓
(Specify whetherIn this community
years, months or days)3. (a) PRINT FULL NAME George Mark Burch8. (b) If veteran, name war: ✓ 8. (c) Social Security No. ✓4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Broedie J. Miller 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased: Jan 18 1859
(Month) (Day) (Year)8. AGE: Years 80 Months 10 Days 6 If less than one day
29 hr. _____ min.9. Birthplace Lewis Station Mo
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name David Burch13. Birthplace Va
(City, town, or county) (State or foreign country)14. Maiden name Frances Fint's15. Birthplace Calhoun Mo
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Glenn Burch(b) Address Lewis Station Mo17. (a) Burial (b) Date thereof: _____
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wakes Chapel18. (a) Signature of funeral director Fred Wilkinson(b) Address Clinton Mo19. (a) Nov 26 1939 (b) Miss Edith J. Simpson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry(c) City or town Rural
(If outside city or town limits, write "RURAL")(d) Street No. 1 mi N Lewis Station
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24 year 9:00 hour _____ minute _____ P. M.21. I hereby certify that I attended the deceased from Aug 6 1936
_____ 19____ to Nov 22 1939that I last saw him alive on Sept 4 1939
and that death occurred on the date and hour stated above.Immediate cause of death I was not Duration
present in this patient's lastillness. He however has beenDue to bedridden with ArthritisDue to chronic Arthritis with contantatoryand chronic Myocarditis was immediateOther conditions chronic Cause:
(Include pregnancy, date, month of death)Major findings:
Of operations _____Of autopsy 93C

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. S. Hallingworth (M. D. or other) _____Address Clinton Mo Date signed 11/25/39

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1637
Date Filed 12-8-39

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 Fred W. Kussner

Licensed Embalmer No. 2478

P. O. Address Clinton 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, above space should be left blank.