

FILED MAR 9 1942 47

State File No.

Registration District No. 347

Primary Registration District No. 4207

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Henry Calhoun

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

(c) Name of hospital or institution in Calhoun
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 84 yrs (Specify whether years, months or days)

In this community, 84 yrs

3. (a) PRINT FULL NAME Thornton D. Burch

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Nancy Burch 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10 14 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Lewis Station Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Merchant

11. Industry or business _____

12. Name David Burch

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

14. Maiden name Travis Fuchs

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

16. (a) Informant Florence Fuchs

(b) Address Calhoun Mo

17. (a) Burial (b) Date thereof 2 6 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) Feb 5 - 1942 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature) S. K.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Calhoun
(If outside city or town limits, write "RURAL")

(d) Street No. in Calhoun Tebo Twp.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1942 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from 3-30, 1939, to 2-4, 1942 that I last saw him alive on 1-26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Decompensation

Due to Hypertension

Due to _____

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

Major findings: 938

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 _____

23. Signature Lucius D. Neville (M. D. or other) M.D.
Address Clinton, Mo. Date signed 2-5-42

Duration 3 years

3 years

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 3-42-178

Date Filed 3-4-42

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 Wilheesa

Licensed Embalmer No. 2774

P. O. Address Cluney 7

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.