

FILED FEB 19 1944

Registration District No.

Primary Registration District No.

5520

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Henry
(b) City or town rural, Windsor Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD # Windsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 34 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town RFD, Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Reuben Elbert Burcham

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Chipman Burcham 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased November 23 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Windsor Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Robert Burcham
13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lida Elbert
15. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. E. Burcham
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 1-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) January 31, 1944 (b) Georgia Kitchen
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1944 hour 2:00 p minute III M.

21. I hereby certify that I attended the deceased from June 2 1941 to Jan 7 1944
that I last saw him alive on Jan 7 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Heart Disease Duration 1 yr

Due to Nephritis and Hypertension 3 yrs.
Due to _____

Other conditions (Include pregnancy within 3 months of death) 131 lb

Major findings: Of operations none Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 injury) (e) Means of injury 2

23. Signature J. A. Blackmore (M. D. or other) M.D.
Address Windsor, Mo. Date signed 1/9/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 71

District File Number

1-44-1021

Date Filed

2-9-44

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 *E. M. Kistner*

Licensed Embalmer No. 3391

P. O. Address *Windsor, 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.