

REC'D APR 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10417

Do not use this space.

## 1. PLACE OF DEATH

(a) County Cass Registration District No. 1576  
(b) Township Harrisonville Primary Registration District No. 4090 Registered No. 17  
(c) City Harrisonville (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 50 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ (If nonresident, give city or town and State)  
James Monroe Burchett  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa Burchett  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 - 1850  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
89 1 10  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. section hand  
9. Industry or business in which work was done, as saw mill, bank, etc. section of Country  
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Co Virginia  
13. NAME Abner Burchett  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France  
15. MAIDEN NAME Marish Drayden  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
17. INFORMANT (ADDRESS) Henry Blesker  
Harrisonville Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Cass County DATE 3/25 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) RUNNENBURGER'S  
HARRISONVILLE, MO.  
20. FILED 30 26 1939 Frederick D. S.  
Harrisonville Mo  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1939  
22. I HEREBY CERTIFY, That I attended deceased from June 1934 to 3 24 1939  
I last saw him alive on 3-24 1939 Death is said to have occurred on the date stated above, at 1:30 P. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Interstitial Nephritis Date of onset 12/1  
Other contributory causes of importance:  
Arterial Hypertension  
Enlarged Cardiac Insufficiency  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) David Lane M. D.  
Harrisonville Mo  
(Address) \_\_\_\_\_

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**