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

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FILED MAR 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6931

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 117

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1307 E. Blair 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1307 E Blair 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years. 0

3. (a) PRINT FULL NAME Everett Leo Burch
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased July (Month) 23 (Day) 1921 (Year)
8. AGE: Years 19 Months 6 Days 15 If less than one day ..... hr. ..... min.
9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation School
11. Industry or business None
12. Name (Father) John G Burch
13. Birthplace (Father) Unknown (City, town, or county) Missouri (State or foreign country)
14. Maiden name (Mother) Edna C Vaughn
15. Birthplace (Mother) Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant John G Burch
(b) Address 1307 E Blair
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director W. Klingner + Co.
(b) Address 424 E Commercial
19. (a) 2-9-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature) RPB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1941 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov ....., 1936, to Feby 7, 1941; that I last saw him alive on Feby 7, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 days
Due to: Hypertension	
Due to: Glomerulo-nephritis (Chr)	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 130	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. M. Rigney (M. D. or other) D
Address 300 Holland Bldg. Date signed 2/8/41

(Licensed Embalmer's Statement on Reverse Side)

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 Roy A. Cavin

Licensed Embalmer No. 1763

P. O. Address Springfield 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.