

No. 2
11-10-39
1-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13837

Registration District No. 48 Primary Registration District No. 5072 Registrar's No. _____

1. PLACE OF DEATH:

(a) County: Bates Home on Farm

(b) City or town: West of Butler, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home near Virginia, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community: 2 1/2 yrs.
years, months or days

3. (a) PRINT FULL NAME: Robert Ellsworth Burch

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lilly Lee Burch

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: March 6 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace: Morgan County, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business _____

MOTHER FATHER

12. Name: Benjamin Burch

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

14. Maiden name: Eliza Ruth Jones

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Dale S. Burch

(b) Address: Hynes California

17. (a) Burial (b) Date thereof: 5/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Benjamin Cemetery - Americus Mo

18. (a) Signature of funeral director: Ways Funeral Service
(b) Address: Nevada, Mo.

19. (a) 5/11 - 1941 (b) Thos Carl Hall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bates

(c) City or town: Rural near Virginia, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: R. F. D.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 7th day
year 1941 hour 9:15 minute 7 M.

21. I hereby certify that I attended the deceased from May 7 - 11, 1941, to May 7, 1941; that I last saw him alive on April 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

Due to: _____

Due to: _____

Other conditions (Include pregnancy within 3 months of death): None

Major findings: _____
Of operations: _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: Chas. A. Lusk (M. D. or other) _____
Address: Butler, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 7

District File Number ~~3-11-44~~

Date Filed ~~2-14-41~~

52-41-886-

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

Allen V. Hoop

Licensed Embalmer No.

1968

P. O. Address

Nevada, 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.