

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14307

Registration District No. 208

Primary Registration District No. 5288

Registrar's No. 1

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

3. (a) PRINT FULL NAME DAVIS W. BURCH
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None
 4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MAY 9 1869
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>10</u>		_____ hr. _____ min.

9. Birthplace INDIANA
 (City, town, or county) (State or foreign country)
 10. Usual occupation BARBER
 11. Industry or business _____
 12. Name BENNETT J. BURCH
 13. Birthplace INDIANA
 (City, town, or county) (State or foreign country)
 14. Maiden name EMILY BURCH
 15. Birthplace INDIANA
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Perry Burch
 (b) Address PLATTSBURG MISSOURI
 17. (a) BURIAL (b) Date thereof MARCH 11 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pleasant Hill Clinton
 18. (a) Signature of funeral director O'Brien-Lyon
 (b) Address Plattsburg Missouri
 19. (a) Mar 12 1941 (b) Mrs Lela Shackeroff
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
 year 1941 hour 10 minute 10 P. M.
 21. I hereby certify that I attended the deceased from March 10 9
5 a.m. 1941 to march 10 p.m. 1941
 that I last saw h _____ alive on _____, 19 _____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arterial Sclerosis
(apoplexy)
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 Duration _____
 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 S. D. Reynolds (M. D. or other) _____
 Address Plattsburg Date signed 3-10-41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *Daniel O. Lyon*

Licensed Embalmer No..... 3640

P. O. Address..... *Plattsburg Missouri*

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.