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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19632 ~~17335~~

Registration District No. 81 Primary Registration District No. 5122 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town ~~Rural~~ Unincorporated
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route # 1 De Kalb
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 1, De Kalb
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Claudie Arden Burchett
3. (b) If veteran, name war no
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 Eva Burchett
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased April (Month) 22 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
58.	0	14	hr. ____ min.

9. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John Mack Burchett
13. Birthplace Dearborn (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Elizabeth Hisol
15. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Eva Burchett
(b) Address R. R. # 1 De Kalb, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem.
18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.
19. (a) May 9/41 (Date received local registrar) (b) O D Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1941 hour 12 minute 30 A.M.
21. I hereby certify that I ~~attended~~ viewed the deceased from on May 6th, 1941, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis.	
Due to Influenza.	2 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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 H. F. Mundy (M. D. or other) Coroner
Address 404 2d St. Date signed 5/6/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 6 1945

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~~ XXX 6/6/41

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ernest Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, 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.