

FILED OCT 24 1941

Registration District No. 1Primary Registration District No. 1Registrar's No. 264

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Princeton, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Langhlin
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 days
 (Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Dora Della Burcham3. (b) If veteran, name war u 3. (c) Social Security No. u4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Warren Burcham 6. (c) Age of husband or wife if alive 72 years7. Birth date of deceased Apr 30 1877
(Month) (Day) (Year)8. AGE: Years 63 Months 8 Days 20 If less than one day hr. min.9. Birthplace Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Housekeeper

11. Industry or business

12. Name George Bloom13. Birthplace Robinson, Illinois
(City, town, or county) (State or foreign country)14. Maiden name Mary Grace15. Birthplace Ill
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Milton Burcham(b) Address La Plata, Mo.17. (a) Burial (b) Date of death Sept 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation La Plata18. (a) Signature of funeral director D. J. Christie(b) Address La Plata, Mo.19. (a) Sept 12, 1941 (b) Spencer L. Meeman
(Date received, local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. u
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. u years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1941 hour 7:00 minute P M.21. I hereby certify that I attended the deceased from Aug 23, 1941, to Sept 10, 1941;
that I last saw her alive on Sept 10, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Permeious anemia Duration interiumDue to 130Due to Uterine ProliferationOther conditions Uterine Proliferation
(Include pregnancy within 3 months of death)Major findings: Of operationsOf 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 u23. Signature Carl Langhlin (M.D. or other)Address Barksdale, Mo. Date signed 9-10-41

RECEIVED

District Health Officer No. 10

District File Number 10-41-1891

Date Filed OCT 17 1941

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.