

Registration District No. 892

Primary Registration District No. 6191

Registrar's No. 11

1. PLACE OF DEATH:

(a) County WAYNE  
(b) City or town RURAL BENTON MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. -  
(If rural, give location) 0  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME ALYNE MARGARETTA BURCH

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex F 1 race W 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased SRN 31 1920  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
22 3 10 hr. min.

9. Birthplace PIEDMONT 0 MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation V

11. Industry or business V

12. Name ARTHUR RAYMOND BURCH

13. Birthplace CARDVATER 0 MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name WILMA MAY WARD

15. Birthplace HIRSH 0 MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS WILMA MAY BURCH  
(b) Address.....

17. (a) BURIAL (b) Date thereof 5-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW HOME CEM

18. (a) Signature of funeral director Geo P Lumbel

(b) Address Greenville Mo

19. (a) June 5, 1942 (b) MRS. LOTTIE MANN  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1942 hour 5 minute P M.

21. I hereby certify that I attended the deceased from May 5, 1942 to May 11, 1942

that I last saw her alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Broncho pneumonia

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

PHYSICIAN

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 0

23. Signature Adam F Wagner (M. D. other)  
Address Greenville Mo Date signed 5-12-42

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

1100

1103

**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.

*5/12/42*

Signed *Lee P. Leibel*

Licensed Embalmer No. *3475*

P. O. Address *Greentown 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.**