

S. No. 2
M-1-4-41
v. 5-17-39
X26350

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36493

FILED DEC 11 1942

Registration District No. 7

Primary Registration District No. 300

Registrar's No. 306

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ASO Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 3 wks
In this community Life
(Specify whether years, months or days)

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. Liberty Twp.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lewis Elmer Burchett

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22
year 1942 hour 3 minute 17 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Belle Burchett

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

7. Birth date of deceased May 4 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 30
1942 to Nov 22 1942
that I last saw him alive on Nov 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute meningitis Duration _____

8. AGE: Years Months Days If less than one day

61 6 18 hr. min.

Due to Following: Lymphatic Leukemia

Due to _____

9. Birthplace Adair Co. Missouri
(City, town, or county) (State or foreign country)

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

Major findings: 74a

10. Usual occupation Farming

11. Industry or business Farm

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Of autopsy _____

MOTHER FATHER

12. Name George M. Burchett

13. Birthplace Adair Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lydia A. Bishop

15. Birthplace Adair Co. Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Burchett

(b) Address Brown Castle, Mo

17. (a) Burial (b) Date thereof Nov 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pratt Cem.

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? _____

18. (a) Signature of funeral director Glenn C. Kent & Sons

(b) Address Green City, Missouri

19. (a) 11/26/42 (b) Mr. J. Wayne
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Byron W. Berry (M. D. or other) _____

Address Kirksville Mo. Date signed 11/22/42

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

www

RECEIVED

District Health Officer No. 10

District File Number 12-42-4054

Date Filed Dec-10-1942

DEC 22 1942

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 Archib W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.