

FILED JUN 24 1943

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1332 E. 33rd St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 35 years (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Charles Arnold Burch

3. (b) If veteran, name war no

3. (c) Social Security No. 499-14-2864

4. Sex Male

5. Color of hair White

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

6. (b) Name of husband or wife Echel Burch

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: 6-11-1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>11</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Working for P. Co.

11. Industry or business Metast Burch

12. Name Metast Burch

13. Birthplace no
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Brown

15. Birthplace no
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Echel Burch

(b) Address 1332 E 33rd

17. (a) Burial (b) Date thereof 6-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director W. M. Crow

(b) Address W. M. Crow

19. (a) 6-1-43 (b) W. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1332 E 33rd
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31
year 43 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from May 31, 1943, to May 31, 1943
that I last saw him alive on May 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration 30 minutes

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 _____

23. Signature W. E. Lewis (M. D. or other) _____
Address 4735 Harrison Date signed _____

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..... *Philip C. Gibson*

Licensed Embalmer No. *3135*

P. O. Address *Kansas 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.