

S. No. 2  
M-2-43  
5-17-39  
X35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34365

State File No. ....

FILED NOV 10 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 312

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

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

(d) Length of stay: In hospital or institution 7 Days  
(Specify whether years, months or days)

In this community 7 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Alexander

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

(d) Street No. Gen. Dil.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Flora Burchyett

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife William

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

7. Birth date of deceased April 4 1887  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>6</u>	<u>I</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Ebernezer Verble

13. Birthplace Union County Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Vincent

15. Birthplace Union County Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Burchyett

(b) Address McClure Ill

17. (a) Burial (b) Date thereof Oct 6 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindsey Cemetery

18. (a) Signature of funeral director J. B. Howell

(b) Address Cape Girardeau Mo

19. (a) 10-5-43 (b) B. St. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 year 1943 hour 6 minute 40 a. m.

21. I hereby certify that I attended the deceased from Sept 27 to Oct 5 1943; that I last saw her or alive on Oct 4 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic Coma

Due to: Diabetic Mellitus

Other conditions: 61  
(Include pregnancy within 3 months of death)

Major findings: 61

Of operations

Of 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? Ill  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature J. B. Howell (M. D. or other)  
Address Cape Girardeau Mo Date signed 10/5/43

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

16  
1  
4

101K

RECEIVED

District Health Officer No. 4  
District File Number 1143-29  
Date Filed 11-8-43

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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

*Joe E. Haevel*

Licensed Embalmer No. 3390

P. O. Address Cape Girardeau, 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.