. S. No. 2
DM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27763

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 97

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt Vernon Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital # 6 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 47 days (Specify whether

In this community 47 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden 15

(c) City or town Sleeper 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alta Zaral Burch

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June (Month) 27 (Day) 1898 (Year)

8. AGE: Years 47 Months 1 Days 3 If less than one day hr. min.

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

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name George Shipman
13. Birthplace Camden Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary J. Snider
15. Birthplace Laclede Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San, Mount Vernon, Mo

17. (a) Removal + Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 30 (Day) 1945 (Year)

(c) Place: burial ~~or cremation~~ Camdenton, Mo

18. (a) Signature of funeral director Banksou Woolery

(b) Address Camdenton, Mo

19. (a) 8/3/45 (Date received local registrar) (b) Lucy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1945 hour 12 minute 15a. M.

21. I hereby certify that I attended the deceased from June 14, 1945, to July 30, 1945 that I last saw her alive on July 30, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute dilatation of heart c̄ cardiac failure	12 hrs.
Due to: Bronchopneumonia	"
Cerebral ~~hemorrhage~~ Embolus	12 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death): Pulm. Tuberculosis	16 yrs
Chronic nephritis	16 yrs

Major findings:
Of operations
Of autopsy 13b

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G F Fujikawa (M. D. or other) MD

Address Mt Vernon, Mo. Date signed 7/30/45

1358 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 845-909
Date Filed AUG 20 1945

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 Robert Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Cambridge, Md.

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.