

No. 2
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-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8719**

FILED APR 10 1946

Registration District No. _____

Primary Registration District No. **3010**

Registrar's No. **106**

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: Healthcare W. Hosp. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
Specify whether _____

In this community 7 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Alexander

(c) City or town McClure see 11
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Leon Andrew Burchett

3. (b) If veteran name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1946 hour 8 minute 45 P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 22 1946
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/19 1946 to 3/22 1946, that I last saw him alive on 3/22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death premature birth

8. AGE:

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

Due to Changria. Mocher

Due to _____

9. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation _____

Major findings: Of operations _____

11. Industry or business _____

Of autopsy 159

12. Name Leon Burchett

13. Birthplace McClure see 11
(City, town, or county) (State or foreign country)

14. Maiden name John Johnson

15. Birthplace McClure see 11
(City, town, or county) (State or foreign country)

16. (a) Informant Leon Burchett

(b) Address McClure see 11

17. (a) Burial (Burial, cremation, or removal) Burial

(b) Date thereof 3/23/46
(Month) (Day) (Year)

(c) Place: burial or cremation Sunday Medway

18. (a) Signature of Federal director W. H. Newell

(b) Address Cape Girardeau Mo

19. (a) 3-30-46 (Date received local registrar)

(b) C. G. Summers (Registrar's signature)

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 Leon Burchett (M. D. or other)

Address Cape Girardeau Mo Date signed 3/25/46

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

7030

FILED

District Health Officer No. 4
District File Number 446-1951
Date Filed 4-9-46

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.