S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 26 1948

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44567

Primary Registration District No. 6074

Registrar's No. 4

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town near Elvins, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (Randolph Twp.)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1
In this community years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town near Elvins, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lewis Burch
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine Burch
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Dec. 26 1866 (Month) (Day) (Year)

8. AGE: Years 81 Months — Days 2 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Retired

FATHER
12. Name Oliver Burch
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth La Grand
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Catherine Burch
(b) Address Elvins, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-48 (Month) (Day) (Year)
(c) Place Cemetery Frederickstown, Mo
18. (a) Signature of funeral director Baldwell Bros
(b) Address Flat River, Mo
19. (a) 1-12-48 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 28 day Wed. year 1947 hour 8 30 minute A.M. P.M.

21. I hereby certify that I attended the deceased from 3/1/45, 19..., to 12/28, 1947, that I last saw him alive on 10/5/47, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Arteriosclerosis	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature B. B. Farrar (M. D. or other)
Address Flat River Mo Date signed 1/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 4
District File Number 148-96
Date Filed 1-19-48

FEB 10 1948

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 W. A. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River 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.