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FILED AUG 11 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22405

Registration District No. 53

Primary Registration District No. 3010

State File No. 22405
Registrar's No. 238

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution: Southeast Missouri Hospital

(d) Length of stay: In hospital or institution 5 hours

In this community 5 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike

(c) City or town Kewanee

(d) Street No. 0

(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Laura Elizabeth Burchfield

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1948 hour 3 minute A.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19

and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased 7 25 1928

Immediate cause of death Inter-cranial Hemorrhage

Due to Injury sustained in an auto-mobile collision

Due to 1706

Other conditions (include pregnancy within 3 months of death) 1722

8. AGE: Years 19 Months 11 Days 29

If less than one day hr. min.

Major findings: Of operations 1706

Of autopsy 1722

PHYSICIAN Underline the cause to which death should be charged statistically.

9. Birthplace Greenbriar Ark.

10. Usual occupation Stenographer

11. Industry or business No

12. Name J. L. Burchfield

13. Birthplace Wooster Ark.

14. Maiden name Edna Wolford

15. Birthplace Wooster Ark.

16. (a) Informant Mrs. Una M. Rhodes

(b) Address Kewanee, Mo.

17. (a) Burial (b) Date thereof July 26/1948

(c) Place of burial or cremation Memorial Park Sikeston

18. (a) Signature of funeral director H. W. Albritton

(b) Address Sikeston, Mo.

19. (a) 8-5-48 (b) C. C. Summers

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 24, 1948

(c) Where did injury occur? Cape Girardeau, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On U.S. Highway 61 - 1 mile north of Cape

(e) Means of injury Auto

23. Signature Dr. J. W. Hammond Date signed 7/24/48

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

MOTHER FATHER

C. C. Summers

RECEIVED

District Health Officer No. 4

District File Number 848-981

Date Filed 8-10-48

SEP 20 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 *John Allerton*

Licensed Embalmer No. *744*

P. O. Address *Spokane*

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.