

FILED DEC 8 1944
224

Registration District No. _____

Primary Registration District No. 3046

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Monteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Kathlamet Sanitarium
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cowden
(c) City or town Rural
(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 Fred Williams Burhem

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bertie Burhem 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Melcham

11. Industry or business _____

12. Name Wm Burhem

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Eberhardt

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Wm R. Burhem
(b) Address 4651 Magnolia Chicago

17. (a) Burial (b) Date thereof 11/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cem

18. (a) Signature of funeral director W. J. Allen
(b) Address California Mo
19. (a) 11-15-44 (b) W. J. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1944 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Oct. 22
1944 19____ to Oct. 31 1944
that I last saw him alive on Oct. 31 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to Other causes unknown

Due to _____

Other conditions L/H
(Include pregnancy within 3 months of death)

Major findings: Obstruction of pylorus
Liver involved also
Of autopsy _____

Duration

8 mo.

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? _____

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

23. Signature L. L. Latham (M. D. or other)
Address California Mo Date signed 11-9-44

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed: 12 6 44

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.....

Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address: California 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.