

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18306**

Registration District No. **49A**

Primary Registration District No. **5653**

Registrar's No. **6**

1. PLACE OF DEATH:

- (a) County **Lincoln**
(b) City or town **Whiteside Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution **no** (Specify whether

In this community **50 years**
years, months or days)

3. (a) PRINT FULL NAME **George Birchfield**

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

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

6. (b) Name of husband or wife **Susan O'Brien** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **June 15 1861**
(Month) (Day) (Year)

8. AGE: Years **79** Months **10** Days **22** If less than one day **—** hr. **—** min.

9. Birthplace **Hawkins Co Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **Andy Birchfield**
13. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)
14. Maiden name **Cress Phelps**
15. Birthplace **Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Fred Needs**

- (b) Address **Whiteside Mo**

17. (a) **Burial** (b) Date thereof **5-9-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **Mill Creek**

18. (a) Signature of funeral director **H. H. Damsen**

- (b) Address **Siles Mo**

19. (a) **5-8-1941** (b) **O. H. Damsen**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Lincoln**

- (c) City or town **Whiteside**
(If outside city or town limits, write "RURAL")

- (d) Street No. **—** (If rural, give location)

- (e) If foreign born, how long in U. S. A? **Native Born** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7**
year **1941** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Jan - 20 - 1941** to **May 7 - 1941**
that I last saw him alive on **May - 6 - 1941**
and that death occurred on the date and hour stated above.

- Immediate cause of death **Chronic Myocarditis & interstitial**
Due to **Nephritis, Chron.**

- Due to **—**

- Other conditions **12th**
(Include pregnancy within 3 months of death)

- Major findings: Of operations

- Of autopsy **no**
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?

- 43A** While at work? (Specify type of place) (e) Means of injury

23. Signature **O. H. Damsen** (M. D. or other)

- Address **Siles Mo** Date signed

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 me

XX

Registered Apprentice No. XX

working under my personal supervision.

Signed

W. P. Wanner

Licensed Embalmer No.

2251

P. O. Address

Sioux Falls, 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, above space should be left blank.