S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1942

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29345

Registrar's No. 3489

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2600 Euclid
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2600 Euclid
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Silas Y. Birch

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Mary Birch

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

7. Birth date of deceased Feb. 29, 1858
(Month) (Day) (Year)

8. AGE: Years 84 | Months 6 | Days 21 ~~19~~ | If less than one day ..... hr. ..... min.

9. Birthplace Sheridan County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business

FATHER
12. Name Joseph Birch
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nancy
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Diantha Lewis
(b) Address 2600 Euclid

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/23/42 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 9/23/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1942 hour 9 minute 40 A. M.

21. I hereby certify that I attended the deceased from 9/15/42, 19..., to 9/20/42, 19...;
that I last saw him alive on 9/20/42, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Coma	5 hrs.
Due to Chronic Brights Disease	10 yrs
Due to 131 B	
Other conditions Left Scrotal Hernia. (Include pregnancy within 3 months of death)	25 yrs

Major findings:
Of operations
Of autopsy -------

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) No

(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)

While at work? ---- (e) Means of injury ----

23. Signature D. E. Walker (M. D. or other)
Address 1820 Vine St Kansas City Mo Date signed 9/21/42

(Licensed Embalmer's Statement on Reverse Side)

E. A. Hacker.

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.....Isaac J. Manlove

Licensed Embalmer No.....3994

P. O. Address.....2523 Highland

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.