

S. No. 2
 1-4-41
 5-17-39
 1-X-25390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
 FILED NOV 21 1948

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 38933

Registration District No. 238

DELAYED
 Primary Registration District No. 4345

Registrar's No. 306

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

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town Matthews
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Matthews Mrs.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 34 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Tennessee Birch

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 12 18 1858
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business housework

12. Name Jim Hopkins

13. Birthplace Logan Co. Tenn.
 (City, town, or county) (State or foreign country)

14. Maiden name Agness Green

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

16. (a) Informant Robert Birch

(b) Address 1212 Oregon St. Eldorado Ill.

17. (a) Burial (b) Date thereof 9/9/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director Hunter Albritton

(b) Address Sikeston Mo.

19. (a) 11-17-48 (b) Nelaw Louise Jones
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
 (c) City or town Matthews
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8
 year 1942 hour 1 minute 45 a.

21. I hereby certify that I attended the deceased from 9-7
1942 to 9-8 1942
 that I last saw her alive on 9-8 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia 5 da
 Due to _____

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 J.F. Waters (M.D. or other)
 Address Sikeston Mo. Date signed 9-15-42

RECEIVED

District Health Office No. 2,

District File Number 1148-1570

Date Filed 11-22-48

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.....

Embalmed.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Hunter Albert

Licensed Embalmer No. 4210

P. O. Address. Sikeston 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.