

FILED DEC 6 1943
Registration District No. **23**

Primary Registration District No. **3022**

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

1. PLACE OF DEATH:
(a) County **Harrison**
(b) City or town **Buckhannon**
(c) Name of hospital or institution **Reed Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
In this community **1 day**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Buchanan**
(c) City or town **St Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **1219 Highland Ave**
(If rural, give location) **St Joseph Mo.**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Robert Birt**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **2**
year **1943** hour **11** minute **45 P.M.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **No** 6. (c) Age of husband or wife if alive **—** years

21. I hereby certify that I attended the deceased from **November 1, 1943, to November 2, 1943**
that I last saw him alive on **November 2, 1943**
and that death occurred on the date and hour stated above.
Immediate cause of death **Mitral regurgitation**
Chronic
Myocarditis

7. Birth date of deceased **Jan - 28 1865**
(Month) (Day) (Year)

Due to **932**

8. AGE: Years **78** Months **9** Days **4** If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Worth County Mo**
(City, town or county) (State or foreign country)

Major findings: Of operations

10. Usual occupation **Farmer**

Of autopsy

11. Industry or business
12. Name **Ansel Birt**
13. Birthplace **New York/State**
(City, town or county) (State or foreign country)
14. Maiden name **Catherine Whitehead**
15. Birthplace **Perin**
(City, town or county) (State or foreign country)

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

16. (a) Informant **Jesse Birt**
(b) Address **1219 Highland Ave St Joseph Mo**
17. (a) **Funeral** (b) Date thereof **Nov 4-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Cedar Hill Cemetery**
18. (a) Signature of funeral director **Teleman Truitt**
(b) Address **St Joseph Mo.**
19. (a) **Nov 4-1943** (b) **J. J. Burres**
(Date received local registrar) (Registrar's signature)

23. Signature **D. G. Reid** (D. Other) **20.00**
Address **Bethany, Mo** Date signed

JAN 2 01944

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.....

Bleeman Funeral Home

Licensed Embalmer No.....

P. O. Address.....

St Joseph 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.