S. No. 2
M—2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB

Registration District No. [illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4725

Primary Registration District No. 6225

Registrar's No. 4

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Rural Washington Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #3. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days) In this community: 16 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bearlan 108

(c) City or town: Cole Camp, Mo 0 (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Charles C. Birch

3. (b) If veteran, name war: no

3. (c) Social Security No.: ?

4. Sex: M 0

5. Color or race: W

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

6. (b) Name of husband or wife: no

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

7. Birth date of deceased: unknown (Month) (Day) (Year)

8. AGE: Years: 81 Months: Days: If less than one day: hr. min.

9. Birthplace: Plattsburg (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: —

FATHER

12. Name: James H. Birch

13. Birthplace: Fayette (City, town, or county) Mo 0 (State or foreign country)

MOTHER

14. Maiden name: unknown

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

16. (a) Informant: Louis Meisner (sheriff)

(b) Address: Lexington Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Cole Camp Mo

18. (a) Signature of funeral director: Terry Funeral Home

(b) Address: Sedalia Mo.

19. (a) 1-3-44 (Date received local registrar) (b) Hazel B. Beuerle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 3 year: 1944 hour: 9 minute: a.M.

21. I hereby certify that I attended the deceased from Dec-18-43 19.. to Jan-3- 19.44 that I last saw him alive on Jan-3-1944 19.. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis and myocardial degeneration	unknown
Due to: unknown	
Due to:	
Other conditions: Senile psychosis (Include pregnancy within 3 months of death)	unknown

Major findings: Of operations: none

Of autopsy: no 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): none

(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: 0

23. Signature: Frank M. Rogers (M. D. or other)

Address: Cole Hospital #3 Date signed: 1-3-44

1887

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 1-44-53
Date Filed 2-4-44

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed L B Terry

Licensed Embalmer No. 9760

P. O. Address Nevada 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.