

FILED MAY 14 1946

Registration District No. **382**

Primary Registration District No. **5545**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **HOWARD**
(b) City or town **Chariton Rural**
(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 **12 years** (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME

FRANK B. BIRCH

3. (b) If veteran, name war **WORLD WAR I**

3. (c) Social Security No.

4. Sex **male** 5. Color or race **negro** 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 **Dead**
7. Birth date of deceased **July 8 1890** (Month) (Day) (Year)

8. AGE: Years **55** Months **8** Days **27** If less than one day

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

10. Usual occupation

Farmer

11. Industry or business

Farmer

12. Name **FRANK BIRCH**

13. Birthplace **Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **GERGENNA CRATIG**

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

16. (a) Informant **Herbert H. Birch**

(b) Address **Salfisbury Mo.**

17. (a) **Burial** (b) Date thereof **Apr 10, 1946** (Month) (Day) (Year)

(c) Place: burial or cremation **Glasgow Mo.**

18. (a) Signature of funeral director **Unders Frimouth**

(b) Address **Glasgow Mo.**

19. (a) **4-8-46** (b) **Joe King** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howard**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **1/4 mile no. Glasgow Mo.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5** year **1946** hour minute

21. I hereby certify that I attended the deceased from **4-5-46** to **4-5-46** that I last saw him alive on **4-5-46** and that death occurred on the date and hour stated above.
Immediate cause of death **Thrombosis** Duration **1 day**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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)
(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) (c) Means of injury **3**

23. Signature **W. B. Bloom** (M. D. or other) **Coroner**
Address **St. Louis Mo.** Date signed **4-5-46**

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

11869

MAY 16 1946

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.....
Licensed Embalmer No. 3336
P. O. Address Glasgow, 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.