S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17668

Registration District No. 27

Primary Registration District No. 5949

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Rural - Cuivre
(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 No (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi west of Bowling Green 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Joel A. Birkhead

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mollie Birkhead

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Oct (Month) 14 (Day) 1866 (Year)

8. AGE: Years 78 Months 6 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace Lincoln Co (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation

11. Industry or business Farming

FATHER
12. Name Rev. F. M. Birkhead 0
13. Birthplace Dont Know (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Susan Overall 0
15. Birthplace Dont Know (City, town, or county) (State or foreign country) 1

16. (a) Informant Robbie Birkhead

(b) Address Bowling Green

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Overall Cem. Lincoln Co

18. (a) Signature of funeral director W. B. Elmore

(b) Address Bowling Green

19. (a) 4-30-46 (Date received local registrar) (b) Bill Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 14th year 1946 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 1st, 1946, to April 14th, 1946; that I last saw him alive on April 13th, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy	

93d

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J B Riggs M.D. (M.D. or other)

Address Bowling Green, Mo. Date signed 4/16/46

254 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File No. 5-46-1060
Date Filed MAY 23 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 W. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.