

S. No. 2
8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20082

State File No. _____

FILED JUL 15 1946

Registrar's No. 30

Registration District No. 38

Primary Registration District No. 4228

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Glasgow
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 32 yrs. 8 mo. 17 da (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Glasgow
(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 _____

3. (a) PRINT FULL NAME Johnny B. Birch

3. (b) If veteran, name war World War II 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Oct. 4 1913
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-23-46 to 6-23-46 that I last saw him alive on 6-23-46 and that death occurred on the date and hour stated above.

8. AGE: Years 33 Months 8 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Glasgow Mo
(City, town, or county) (State or foreign country)

Immediate cause of death Fracture wound of chest Duration 1 hr.

Due to Stab accident

Due to _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Robert Birch

13. Birthplace Roanoke Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brown

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

16. (a) Informant Miss Ella Birch
(b) Address Glasgow Mo.

17. (a) Burial (b) Date thereof June 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow Mo.

18. (a) Signature of funeral director Andley Truitt
(b) Address Glasgow Mo.

19. (a) 6/24/46 (b) Joe Perry
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 160

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) Homicide

(b) Date of occurrence 6-23-46

(c) Where did injury occur? Glasgow, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway
(Specify type of place)

While at work? Stab wound (e) Means of injury Homicide

23. Signature W. Bloom (M. D. or other) _____
Address Jenette Mo Date signed 6-23-46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER 1927

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-18-46

6761 9 E

OCT 21 1946

JAN 6 1947

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 Edw. Inermouth

Licensed Embalmer No. 3978

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 2008246

State of Missouri
County of Howard

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 23rd day of December, 1946, before me appears Mary Burch Golden, who, upon her oath, states that the original record of birth-death for Johnnie B. Burch, died June 23, 1946, in the State of Missouri, and which was filed at Jefferson City, Mo. on 7-15, 1946, should be corrected as follows:

Item No. 3A should read Johnnie B. Burch
Instead of Johnny B. Birch

Item No. should read

The above is true to the best of my knowledge, information and belief.

(SEAL)

Witness to Mark

Affiant

Mary Burch Golden Mother Relationship.

Ed. W. Smith Glasgow, Mo.

Glasgow Missouri Present Address.

Subscribed and sworn to before me this 23rd day of Dec, 1946

My Commission expires Nov 30-1947 [Signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

JAN 6 1947

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