

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34887

State File No. 4708
Registrar's No. ~~1002~~

FILED NOV 8 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 7 yrs.		d. STREET ADDRESS (If rural, give location) 332 BENTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION SIMPSON NURSING HOME			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ABNER c. (Last) BIRCH		4. DATE OF DEATH (Month) (Day) (Year) Oct-27-1952	
5. SEX U	5. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Aug-23-1862
9. AGE (in years last birthday) 90	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY GENERAL	11. BIRTHPLACE (City and State or Foreign Country) DEARBORN, Michigan
13a. FATHER'S NAME ADAM BIRCH		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE GERTRUDE BIRCH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ←	17. INFORMANT'S SIGNATURE OR NAME MRS. W.E. STEVENSON ADDRESS 332 Benton K.C. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. mental deterioration		4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 11, 1952**, to **Oct 27, 1952**, that I last saw the deceased alive on **Oct 27, 1952**, and that death occurred at **1:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR G. H. Smith		23b. ADDRESS BOUTROS MD 416 arapahoe KC Mo		23c. DATE SIGNED 10-28-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Oct. 29-1952		24c. NAME OF CEMETERY OR CREMATORY ELLENDALE CEM.	
24d. LOCATION (City, town, or county) (State) ELLENDALE, SOUTH DAKOTA		25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackmer		ADDRESS Smith	

W. E. M.

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address Kansas City, 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.