REC'D MAR 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7906
Do not use this space.

1. PLACE OF DEATH

(a) County Saline — Registration District No. 7906

(b) Township Marshall — Primary Registration District No. 3038 — Registered No. 28

(c) City ~~Vo.~~ Marshall — (d) Street No. Fitzgibbons Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. 6 2 — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Grover C. Birtchet

(a) Residence, No. Chicago, Ill. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marion Beatty Birtchet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson, Oregon

FATHER

13. NAME Geo. W. Birtchet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon

MOTHER

15. MAIDEN NAME Florence Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Marian Birtchet
(ADDRESS) Chicago, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago, Ill. DATE Feb. 12, 1939

19. FUNERAL DIRECTOR (NAME) Short & McCrary
(ADDRESS) Marshall, Mo

20. FILED 2-11-39 Mary Kent Dep. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1939, to Feby 11, 1939
I last saw him alive on Feby 11, 1939. Death is said to have occurred on the date stated above, at 8:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage apoplexy	2/10/39

Other contributory causes of importance:

Arterial hypertension	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) D. L. Manning, M. D.
(Address) Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number 3/10/39
Date Filed

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, K. P. McCrary, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed K. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.