

FILED JAN 22 1942

Registration District No. 838

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6098B

43173

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Stoddard Liberty Twp  
 (b) City or town Dexter (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 \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Gary Dale Birchfield

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years

7. Birth date of deceased July 22 1941  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 4 13 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Arthur Birchfield  
 { 13. Birthplace Stoddard Co. Mo.  
 { 14. Maiden name Georgia Taylor  
 { 15. Birthplace Stoddard Co. Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Birchfield  
 (b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 12/6/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation A. Dowdy Cem.

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Dexter, Mo.

19. (a) 12-30-1941 (b) Jennie Burton  
 (Date received in registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
 (c) City or town Dexter (Rural)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th  
 year 1941 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from Nov 25  
1941, to Dec 6, 1941.  
 that I last saw him alive on Dec 6, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Enteritis  
 Due to Salmonella  
Group  
Ford infection

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
119 a 2  
 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)  
 (e) Means of injury \_\_\_\_\_

23. Signature Geo Schaefer (M. D. or other) \_\_\_\_\_  
 Address Dexter, Mo. Date signed 12-21-41

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

RECEIVED

District Health Office No. 2,  
District File Number 142-105-  
Date Filed 1-19-42

**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.....

P. O. Address.....

**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, above space should be left blank.**