

FILED JUN 25 1942 992

Registration District No. Primary Registration District No. 5134B Registrar's No. 152

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Dublin - Ash Hill twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(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.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Dublin, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Ash Hill twp
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME MONROE A. Birchfield

3. (b) If veteran. name war.....

3. (c) Social Security 4898-07-694

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1942 hour 10:45 minute 9 M.

21. I hereby certify that I attended the deceased from May 9, 1942, to May 10, 1942, that I last saw him alive on May 9 and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: March (Month) 19 (Day) 1882 (Year)

Immediate cause of death: Chronic Gastric Enterocolitis Duration 5yr

8. AGE: Years 60 Months 1 Days 21 If less than one day hr. min.

Due to.....

Due to.....

9. Birthplace Stoddard County Missouri
(City, town, or county) (State or foreign country)

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: 120a

10. Usual occupation Common Laborer

Physician.....
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Monroe Anderson Birchfield

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

14. Maiden name Peggy Jane Harmon

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

16. (a) Informant Pearl Birchfield

(b) Address Malden, Mo. R. 1

17. (a) Burial (b) Date thereof 5-12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dublin Cemetery

18. (a) Signature of funeral director Leitch Funeral Home

(b) Address Campbell, Missouri

19. (a) 5/11/42 (b) Belle Kirne
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence.....

(c) Where did injury occur? no
(City or town) (County) (State)

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

23. Signature Leitch Cook (M. D. or other) D
Address Dublin Mo Date signed.....

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RECEIVED

District Health Office No. 2

District File Number 642-760

Date Filed JUN 18 1942

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MONROE A. BENTON

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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 *Christina M. Landess*

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.