S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 26771

Registrar's No. 1069

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph. Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community 38 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 620 No. 25th (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George Franklin Birt

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Laura E. Birt

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

7. Birth date of deceased April (Month) 19 (Day) 1857 (Year)

8. AGE: Years 90 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Real Estate

FATHER
12. Name Ezra Birt
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Catherine Marker
15. Birthplace As Unknown (City, town, or county) Alsac Lorraine (State or foreign country)

16. (a) Informant Ocle V. Birt

(b) Address Gower, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/47 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton Bowman

(b) Address St. Joseph, Mo.

19. (a) 9-5-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 282

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1947 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from 8/29 1947 to 9/1 1947; that I last saw him alive on 9/1/47 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Hypertrophied Prostate Bladder Calculus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy

Duration

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work (e) Means of injury

23. Signature Charles Greenberg (M. D. or other)

Address P. C. Bldg St Joseph Mo Date signed 9/2/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph, 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.