

FILED NOV 5 1948

Primary Registration District No. 4249

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: Cedar Grove Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Festus
(If outside city or town limits, write "RURAL")

(d) Street No. 800 N. Mill St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOSEPH R. BIRCH

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

3. (c) Social Security No. #####

4. Sex Male 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 June 15 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>4</u>	<u>14</u>	hr. <u>1</u> min.

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

10. Usual occupation Carpenter

11. Industry or business.....

MOTHER FATHER { 12. Name Thomas Birch

13. Birthplace England #
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace " " a
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Birch

(b) Address Festus, Missouri

17. (a) Burial (b) Date thereof 11/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.

18. (a) Signature of funeral director "Pinks"

(b) Address Festus, Missouri

19. (a) 10-29-48 (b) 11/1
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th
year 1948 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Oct. 27,
1948 to Oct. 29, 1948
and that I last saw him alive on Oct 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive arterio ? 6 months
sclerotic heart disease with plus
myocardial insufficiency

Due to.....

Due to Generalized arteriosclerosis 3 or 4 years

Other conditions ? cerebral thrombosis 2 or 3 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 Thomas A. Donnell (M. D. or other) M.D.
Address Desoto, Mo. Date signed 10-30-48

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

RECEIVED
District Health Officer No. 9
1948

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 _____
Ferd Lang, Jr _____, Registered Apprentice No. 245
working under my personal supervision.

Signed Eleanora Province

Licensed Embalmer No. 3403

P. O. Address Festus No. _____

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.