

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

AUG 25 1952

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3580	
1. PLACE OF DEATH a. COUNTY JACKSON 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY JACKSON 306			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 15 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		d. STREET ADDRESS (If rural, give location) 416 South JACKSON	
3. NAME OF DECEASED a. (First) JAMES (Type or Print)				b. (Middle) MONROE		c. (Last) BIRCH	
5. SEX MALE 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH Oct. 7-1866	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (City and State or Foreign Country) MORGAN Co. MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Smith BIRCH			13b. MOTHER'S MAIDEN NAME ANNE SELF			14. NAME OF HUSBAND OR WIFE SARAH E. BIRCH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. SARAH BIRCH 416 S. Jackson 1062 Mrs.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis. ANTECEDENT CAUSES DUE TO (b) Chronic Nephritis DUE TO (c) Atherosclerosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 1/2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-31 1952 to 8-9- 1952, that I last saw the deceased alive on 8-9- 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Chas. C. Montgomery (Degree or title) Chas C Montgomery M.D.				23b. ADDRESS 306-E-12-K.C. MO		23c. DATE SIGNED 8-10-52	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug-12-1952		24c. NAME OF CEMETERY OR CREMATORY SYPACUSE CEMETERY		24d. LOCATION (City, town, or county) (State) SYPACUSE, MISSOURI	
DATE REC'D BY LOCAL REG. 8-11-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. J. Blackburn & Son Inc. K.C. Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W.C. Burns

Licensed Embalmer No. 4899

P. O. Address Harris City, 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.