

S. No. 2
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7-5-17-39
P. X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23105

State File No. _____

Registration District No. 336

Primary Registration District No. 6121

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Burch Tree
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 1 1/2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon
(c) City or town Burch Tree
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE L. Mc BATH

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 Married
6. (b) Name of husband or wife Martha Mc Bath
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased June 15 1897
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 16
If less than one day hr. _____ min. _____

9. Birthplace Unknown Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. M. Smith
(b) Address Burch Tree Mo R R 1

17. (a) Removal (b) Date thereof 4/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentworth 132

18. (a) Signature of funeral director H. L. Smith
(b) Address Carrollville Mo

19. (a) 610-47 (b) Male Bacon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1947 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 26, 1947 to April 27, 1947
that I last saw him alive on April 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Obstruction of bowels
Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 10 2 B
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 0

23. Signature R. J. Davis (M. D. or other)
Address Burch Tree Mo Date signed 4-27-47

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

RECEIVED

District Officer No. 5,

District No. 647338.

Date Filed 6-25-47

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, on by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed: *James W. Cushman*

Licensed Embalmer No. 4185

P. O. Address *Greenville, Me.*

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.