

REC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29657

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 541
 (b) Township Beale Primary Registration District No. 5727 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

EMMA BIRDSONG
 (a) Residence, No. Sumner Co. Mo. St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alonzo Birdsong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1, 1885

7. AGE YEARS 54 MONTHS 0 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Daughter in home
 10. Date deceased last worked at this occupation (month and year) Jan 1, 1939 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burglar Co. Mo.13. NAME Frank Biddick14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner Co Mo.15. MAIDEN NAME Roadie Bessley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner Co Mo.17. INFORMANT (ADDRESS) Clasac Wesley Birdsong18. BURIAL, CREMATION, OR REMOVAL PLACE Sacred Grove DATE 8-25-3919. FUNERAL DIRECTOR (ADDRESS) Sam Bicklider20. FILED Sept 11, 1939 Miss G. Ward Johnson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24-39 1922. I HEREBY CERTIFY, That I attended deceased from 8-1-39 19, to 8-24-39 19.I last saw her alive on 8-22-39 19. Death is said to have occurred on the date stated above, at 12 a m.

The principal cause of death and related causes of importance were as follows:

Sarcosis of the left hip Date of onset about 8-1-39
with myelitis? metastatic

Other contributory causes of importance: 53 Chi.Nephritis 8-1-39ExhaustionName of operation none Date of _____What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. P. Kume M.D. M. D.(Address) Sumner Co.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer 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.)