DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44784

Registration District No. 793 — Primary Registration District No. 6036 — Registrar's No.

1. PLACE OF DEATH:
(a) County Salem Elmwood
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Mo (b) County Salem
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — — years.

3. (a) PRINT FULL NAME ANDREW A BIRD 630
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 May (Month) 10 (Day) 1866 (Year)

8. AGE: Years 73 | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace Malta Bend (City, town, or county) Mo (State or foreign country)
10. Usual occupation Labor
11. Industry or business Labor
FATHER
12. Name Nash B. Bird
13. Birthplace (City, town, or county) Va (State or foreign country)
MOTHER
14. Maiden name Martha J. Martin
15. Birthplace (City, town, or county) Va (State or foreign country)
16. (a) Informant's own signature Mrs Edna Drewer
(b) Address Trent Springs Mo
17. (a) Pisgiah (Burial, cremation, or removal) (b) Date thereof 12-21-39 (Month) (Day) (Year)
(c) Place: burial or cremation Pisgiah
18. (a) Signature of funeral director R K Carter
(b) Address Trent Springs Mo
19. (a) Dec. 23-1939 (Date received local registrar) (b) Mattie Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20th year 1939 hour 11 minute 55 A. M.
21. I hereby certify that I attended the deceased from Dec 19-39, 19__, to Dec 20, 1939; that I last saw him alive on Dec 20, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	18 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
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? —
(Specify type of place)
While at work? (e) Means of injury —
23. Signature L. S. James (M. D. or other)
Address Blackburn Mo Date signed 12-21-39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

50M-5-17-39
Rev. 5-17-39
1 X19511

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/4/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.