

Registration District No. 492

Primary Registration District No. 2-65-28

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Winfield- Rural  
(c) Name of hospital or institution: Monroe Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community all of life  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Elmer Joel Birkhead 623  
8. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex male  
5. Color or race White  
6. (a) Single, widowed, married, divorced wed  
6. (b) Name of husband or wife Bertie M. Birkhead  
6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Sept. 8 1875  
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 13  
If less than one day hr. min.

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

10. Usual occupation farming

11. Industry or business

12. Name Emanuel Bailey Birkhead  
13. Birthplace Lincoln County Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Harry Henry Spicer  
15. Birthplace Platte County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertie M. Birkhead  
(b) Address Winfield, Missouri

17. (a) Burial (b) Date thereof 8/23/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Salem Cemetery

18. (a) Signature of funeral director Charles Ricks  
(b) Address Winfield, Missouri

19. (a) 9/1/40 (b) PC Neundist  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln  
(c) City or town Winfield - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 miles west  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21  
year 1940 hour 3 minute 10 a.m.

21. I hereby certify that I attended the deceased from 8-21 1940 to 8-21 1940  
that I last saw him alive on 8-21 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Epilepsy

Due to Arterial Sclerosis

Other conditions (Include pregnancy within 3 months of death) 620

Major findings: Of operations

Of autopsy

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?

441 (Specify type of place) While at work? (e) Means of injury

23. Signature PC Neundist (M. D. or other)

Address 222 Monroe Ave Date signed 8/27/40

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

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, #0

Signed

License Number -

*Gurlan Pikes*

4012

P. O. Address

Winfield, Mo.