

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11340

Do not use this space.

1. PLACE OF DEATH

(a) County Maries
(b) Township Jefferson
(c) CityRegistration District No. 5-46Primary Registration District No. 5-46Registered No. 69(d) Street No. 17 St.

(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 Isaac W. Birdsong(a) Residence, No. 17 St. 17 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Evelyn Birdsong6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1861.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 7 48. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk9. Industry or business in which work was done, as saw mill, bank, etc. Gen. Mdse.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.13. NAME Nealeley Birdsong14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Elixabeth Beesley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT (ADDRESS) Mrs. Henry Mitchell
Belle, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cem. DATE Jan. 20, 194119. FUNERAL DIRECTOR (ADDRESS) Mrs. Lenora Johnson20. FILED Apr 16 1941 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 194122. I HEREBY CERTIFY, That I attended deceased from 1/19, 1941, to 1/19, 1941.I last saw him alive on 1/18, 1941. Death is said to have occurred on the date stated above, at 2 a.m.

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

Myocardial Regeneration Date of onset 1/13/41Other contributory causes of importance: Pulmonary Emphysema 1/13/41

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Dr. H. W. Schaubert(Address) Belle, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____ *Not*
_____ L. E. _____ *embalmed*
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.)