

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21517  
State File No.  
Registrar's No.

on District No. 238

Primary Registration District No. 414

1. PLACE OF DEATH:

(a) County Ward Dade County  
(b) City or town Lockwood, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 74 years  
years, months or days 1 Mo 1 Day

3. (a) PRINT FULL NAME Nannie B. Bird

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Henry P. Bird 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 21-1867  
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Lockwood, Dade County, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Humphrey Mc Camish  
13. Birthplace Dont Know (City, town, or county) (State or foreign country)  
14. Maiden name Mary Preston  
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elmer Wolfe  
(b) Address Lockwood, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23  
(Month) (Day) (Year)

(c) Place: burial or cremation Kingspoint Semetery

18. (a) Signature of funeral director R. L. Haineschild  
(b) Address Lockwood, Missouri

19. (a) March 22-41 (b) J. A. Wren  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mo  
(c) City or town \_\_\_\_\_ (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1941 hour 11 minute AM

21. I hereby certify that I attended the deceased from March 13, 1941, to March 22, 1941,  
that I last saw her alive on March 22, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Infected Kidneys Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1330  
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?

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

23. Signature J. A. Wren (M. D. or other)  
Address Lockwood, Mo Date signed 3-22-41

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

1372  
RECEIVED

District Health Officer No. 6,

District File Number 741-1239

Date Filed JUL 15 1941

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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 me

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

working under my personal supervision.

Signed

R. L. Harrischild

Licensed Embalmer No. 3234

P. O. Address Locustwood MO

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.