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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 22398

Registration District No. 668 Primary Registration District No. 3632 Registrar's No. 212

**1. PLACE OF DEATH:**

(a) County Pettis

(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 667 East 14th (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community five years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia (If outside city or town limits, write "RURAL")

(d) Street No. 667 East 14th (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Adelia Louise Birdsong

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J.N. Birdsong

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 6, 1885 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 56 | 4 | 19 | hr. min. |

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry W. Peters
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Kirchoff
15. Birthplace Moniteau County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant J.N. Birdsong

(b) Address 667 E. 14, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Duane Ewing

(b) Address Sedalia, Missouri

19. (a) 6/26/41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 25 year 1941 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from 1938, to June 25, 1941; that I last saw her alive on June 24, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Apoplexy | 1 da |
| Due to Hypertension and previous hemiplegia | 3 1/2 yrs |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 83 W | |

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 A. L. Walter (M. D. or other) MD

Address Sedalia Mo Date signed 6-26-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Walters
120 W. 5th

RECEIVED
District Health Officer No. 8,
District File Number 7-7-41
Date Filed

## 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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**