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DEC 18 1941

Registration District No. 2

Primary Registration District No. 206

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Platt Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrews
(c) City or town Rural Platt Township
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19
year 1941 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from April, 1941, to November 19, 1941;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Albama Nephritis

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

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?

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

23. Signature A. Mounce Piker (M. D. or other)
Address W. M. M. MO Date signed 11/22-41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Andrew Vance Bird

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Jennie Bird 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 7-2-1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 17 If less than one day hr. _____ min.

9. Birthplace Rone County Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Bird

13. Birthplace Un known Un known
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Cup

15. Birthplace Un known Un known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jennie Bird

(b) Address Rea Mo.

17. (a) Burial (b) Date thereof 11-22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Mo

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo.

19. (a) Nov 22 1941 (b) Mrs E. C. Jelleries
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 E. C. Brent

Licensed Embalmer No. 2650

P. O. Address Savannah Ga

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.