No. 2
-1-4-41
-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED DEC 5 1941

Registration District No. 668

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39058

Primary Registration District No. 3032

Registrar's No. 357

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 669 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: 80

(a) State Missouri (b) County Pettis 1

(c) City or town Sedalia 4
(If outside city or town limits, write "RURAL")

(d) Street No. 669 East 14th 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME John Newton Birdsong

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Adelia Peters Birdsong

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

7. Birth date of deceased August 23, 1882
(Month) (Day) (Year)

8. AGE: Years 59 | Months 3 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace California, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Cobbler

11. Industry or business Shoe repair

FATHER
12. Name George Birdsong
13. Birthplace California, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Epperson
15. Birthplace California, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della M. Saunders, (dau)
(b) Address 669 East 14th, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3, 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) 12-2-41 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

1022

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1941 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from ..... 1938, to Nov 30, 1941;
that I last saw him alive on Nov 28, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis + Mitral Insufficiency	4 mos
Due to Malignant Hypertension	2 yrs
Due to	
Other conditions Chronic parenchymatous Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy None made

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 12-1-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 12-4-41

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 John E. Myers

Licensed Embalmer No. 3220

P. O. Address Adalia, Mo

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

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