

STANDARD CERTIFICATE OF DEATH

State File No. 2876

Registration District No. 261

Primary Registration District No. 5755

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Miller  
(b) City or town Mt. Pleasant Jackson Twp  
(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. Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller  
(c) City or town Mt. Pleasant  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Christina Ann Birdsong

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

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife William F. Birdsong  
6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased Dec 19 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 2 If less than one day  
hr. min.

9. Birthplace Miller Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name William S. Findlay  
13. Birthplace Scotland  
(City, town, or county) (State or foreign country)  
14. Maiden name Isabella Tennant  
15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant W F Birdsong  
(b) Address Eldon Mo Rt 1

17. (a) Burial (b) Date thereof 1-24-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director Keith McKay  
(b) Address Eldon Mo

19. (a) 1-24-1942 (b) Registrar's signature  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 22  
year 1942 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Jan 17  
1942 to Jan 22 1942  
that I last saw her alive on Jan 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia  
Duration

Due to

Due to Influenza

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 108  
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?

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

23. Signature E J Celler (M. D. or other) Address Eldon Mo Date signed 1/22/42

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

600

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RECEIVED

Miller County Health Dept.  
County File Number 42-6  
Date Filed 2/5/42

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 *Faith M. Stays*  
Licensed Embalmer No. 3998  
P. O. Address Edson 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.