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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5672

Registration District No. 10 | Primary Registration District No. 3002 | Registrar's No. 20

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 67 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Audrain
(c) City or town: Mexico
(If outside city or town limits, write "RURAL")
(d) Street No.: 1113 W. Mansfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Cassie Jane Bird
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: H. O. Bird
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Oct. 26, 1873 (Month) (Day) (Year)
8. AGE: Years 70 | Months 3 | Days 14 | If less than one day ____ hr. ____ min.
9. Birthplace: Amity (City, town, or county) Penn. (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
12. Name of father: Wm. A. Cary
13. Birthplace of father: Penn. (City, town, or county) (State or foreign country)
14. Maiden name of mother: Elizabeth Jane Boeman
15. Birthplace of mother: IN (City, town, or county) (State or foreign country)
16. (a) Informant: Richard Bird
(b) Address: Mexico, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/12/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood
18. (a) Signature of funeral director: Geo. Arnold
(b) Address: Mexico, Mo.
19. (a) 2/12/43 (Date received by Registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 10 year: 1943 hour: 10 minute: 25 P.M.
21. I hereby certify that I attended the deceased from Jan 27-43 Feb 10, 1943 to ____, 19____; that I last saw her alive on Feb 10-43, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia (Manual)
Due to: Influenza
Due to:
Other conditions: Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 330
Of autopsy: 20

Duration

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: [illegible] (M. D. or other M. O.)
Address: Mexico, Mo. Date signed: 2/11/43

1074 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-43-434
Date Filed MAR 8 1943

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 Chas Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Tucumcari N

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

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