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P-1 X3897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13049**  
Registrar's No. **1732**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
4220 Mercier Street  
(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 55 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No 4220 Mercier Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --

3. (a) PRINT FULL NAME Mr. Herbert Ambrose Birmingham

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10<sup>th</sup>  
year 1943 hour 1 minute 47 P.M. M.

21. I hereby certify that I attended the deceased from 6-19-42  
19 6-19-42 to Apr 10, 19 43  
that I last saw him alive on 4-10-43, 19 43  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Sarah C. Birmingham

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

7. Birth date of deceased January 7 1870  
(Month) (Day) (Year)

Immediate cause of death:  
General atherosclerosis  
Arterio-sclerotic heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

8. AGE: Years 73 Months 3 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Brighton England  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired (2Years)

11. Industry or business Board of Trade

MOTHER FATHER { 12. Name Herbert Birmingham

{ 13. Birthplace England  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ellen Unknown

{ 15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert A. Birmingham, Jr.

(b) Address 5237 Brookwood Road.

17. (a) Burial (b) Date thereof April 12, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of Washington Cemetery

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-12-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J. H. Wheeler (M. D. or other) \_\_\_\_\_  
Address 2nd St. No. 299 Date signed 4-12-43

Dr. John Wheeler  
1500 Prof. Bldg. 1  
Lock By Noon

**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.....

.....  
working under my personal supervision.

....., Registered Apprentice No. ....

Signed.....

*C. Hervey Quisenberry*

Licensed Embalmer No. 4070

P. O. Address..... R. C. 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.**