

Registration District No. 98

Primary Registration District No. 5359

Registrar's No. 54

1. PLACE OF DEATH: Daviess

(a) County Daviess

(b) City or town Rural

(c) Name of hospital or institution: Grandriver Twp

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 31

(a) State Mo (b) County Daviess

(c) City or town Rural

(d) Street No. Grandriver Twp

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Bird

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26

year 1943 hour 5 minute 15 P.M.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife James Bird (Decd)

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

7. Birth date of deceased June 10 1849

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 17 1943 to April 24 1943

that I last saw her alive on April 24 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

93 10 16 _____ hr. _____ min.

Immediate cause of death Complicated Pneumonia secondary to Old

Due to 99 second Months

9. Birthplace Gentry Co Mo

(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

Other conditions 1624

(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name John McGinley

13. Birthplace Not Known

(City, town, or county) (State or foreign country)

14. Maiden name Rachel Miller

15. Birthplace Kans

(City, town, or county) (State or foreign country)

Major findings: 1624

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Nannie Markham

(b) Address Pattonsbu, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/43

(Month) (Day) (Year)

(c) Place: burial or cremation Oakridge

18. (a) Signature of funeral director [Signature]

(b) Address Pattonsbu, Mo.

19. (a) 5-6-1943 (Date received local registrar)

(b) [Signature] (Registrar's signature)

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)

Means of injury _____

23. Signature [Signature] (M. D. or other)

Address Pattonsbu, Mo. Date signed 5/27/43

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

31
00

MOTHER FATHER

1084

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.....

G. L. Brown

Licensed Embalmer No.....2857

P. O. Address.....Pattonsburg, 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.