

FILED JUL 8 1943

Registration District No. 149

Primary Registration District No. 1082

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 10. Mo.
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. 1631 Summit
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kelsie Bird

3. (b) If veteran, name war No. 3. (c) Social Security No. 500-01-125

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married Married
divorced

6. (b) Name of husband or wife BRABELLE BIRD 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased JAN 29 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Wheeling West Virg.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name Charles Bird

13. Birthplace Wheeling West Virg.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Wells

15. Birthplace Wheeling West Virg.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Orabelle Bird

(b) Address 1631 Summit K.C. Mo.

17. (a) Removal Cherryville Kan. (b) Date thereof June 21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley Funeral Home

18. (a) Signature of funeral director Wesley Funeral Home
(b) Address 2332 Monstard St. K.C. Mo.

19. (a) 6-21-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1943 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 17 1943 to June 20 1943
that I last saw her alive on June 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis

Due to encephalomalacia

Due to §3C

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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? Means of injury

23. Signature Dr. J. E. Brown (M. D. or other)
Address Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Oscar Samuelson*

Licensed Embalmer No. *3002*

P. O. Address *2332 Montrose P.*

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.