

DR. C.S. ALLEN

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 47510

JAN 5 1943

Registration District No. 234

Primary Registration District No. 4036

Registrar's No. 75

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

1. PLACE OF DEATH *Bates*  
 (a) County *Bates*  
 (b) City or town *RICH HILL*  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
*HOMS PINE #401 W. 1*  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community *LIFE* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State *MO.* (b) County *Bates*  
 (c) City or town *RICH HILL*  
(If outside city or town limits, write "RURAL")  
 (d) Street No. *401 W. PINE*  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... *A*

3. (a) PRINT FULL NAME *Edna Weadon Birks*  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month *Dec.* day *13*  
 year *1943* hour *1* minute *15 P.* M.

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *M*  
 6. (b) Name of husband or wife *Albert F. Birks* 6. (c) Age of husband or wife if alive *60* years *1884*  
 7. Birth date of deceased *OCT. 1*  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Jan 7* to *Dec 13* 19*43*  
 that I last saw her alive on *Dec 13* 19*43*  
 and that death occurred on the date and hour stated above.

8. AGE— Years Months Days If less than one day  
*59* *2* *12* hr. min.

Immediate cause of death *Subal hemorrhage*  
 Due to *hypertension*

9. Birthplace *RICH HILL MO. RURAL*  
(City, town, or county) (State or foreign country)

Due to *fracture of hip*  
 Other conditions *131K*  
(Include pregnancy within 3 months of death)

10. Usual occupation *HOUSEWIFE*

MOTHER FATHER  
 11. Industry or business.....  
 12. Name *J.R. WEADON*  
 13. Birthplace *VIRGINIA*  
(City, town, or county) (State or foreign country)  
 14. Maiden name *MARIE S. MILLER*  
 15. Birthplace *Bates Co MO. O*  
(City, town, or county) (State or foreign country)

Major findings: Of operations.....  
 Of autopsy.....  
 PHYSICIAN *DR. C.S. ALLEN*  
Underline the cause to which death should be charged statistically.

16. (a) Informant *Albert Birks*  
 (b) Address *RICH HILL MO.*  
 17. (a) *Burial* (b) Date thereof *Dec. 15, 1943*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation *GREEN LAWN*  
 18. (a) Signature of funeral director *BOOTH*  
 (b) Address *RICH HILL MO.*  
 19. (a) *Dec. 15, 43* (b) *Mrs. Edna Douglas*  
(Date received local registrar) (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) (e) Means of injury  
 23. Signature *DR. C.S. ALLEN* (M. D. *ALLEN*)  
 Address *MO* Date signed *1/15/43*

RECEIVED

District Health Officer No. 1

12-43-1386

1-4-44

---

---

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 *John G. Hudson*.....  
Licensed Embalmer No. *3585*.....

P. O. Address *Butler 2nd*.....

**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.**