

FILED FEB 14 1944
 Registration District No. 484

Primary Registration District No. 5143

Registrar's No. 31

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

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Poplar Bluff, Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at home
(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 lifetime

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

3. (a) PRINT FULL NAME Lydia Ann Birdsong
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION 12
 20. DATE OF DEATH: Month Jan day 12 1944
 year 1944 hour _____ minute 1:30 P M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Clyde Birdsong (c) Age of husband or wife if alive years
 7. Birth date of deceased: Aug 15 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 - 1944 to Jan 12 1944
 that I last saw h _____ alive on _____ 19 _____
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death Obstruction Artery
due to embolus
 Due to _____
 Due to _____
94 of way down

9. Birthplace Poplar Bluff, Mo. (City, town, or county) (State or foreign country)
 10. Usual occupation housewife

Other conditions hypertension Jan 6-44
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name George Sanders
 13. Birthplace Bollinger co. Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Minnie Whiteaker
 15. Birthplace Butler Co. Mo. (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy none

16. (a) Informant Clyde Birdsong
 (b) Address Poplar Bluff, Mo. R.R.
 17. (a) burial (b) Date thereof 1-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn Cemetery
 18. (a) Signature of funeral director: Frank Covert
 (b) Address Poplar Bluff, Mo.
 19. (a) 1-23-44 (b) Belle Turner
(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 _____
 Signature Alfred P. Tom (M. D. or other)
 Address Poplar Bluff, Mo. Date signed 1-14-44

PHYSICIAN

 Underline the cause to which death should be charged statistically.

RECEIVED
District Health Office No. 2,
District File Number 244-212
Date Filed 2-3-44

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 Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff, 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.