

FILED MAY 28 1944
Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County MARION
(b) City or town HANNIBAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
507 N. Third St
(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:

(a) State MISSOURI (b) County MARION
(c) City or town HANNIBAL MO
(If outside city or town limits, write "RURAL")
(d) Street No. 507 N. Third St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

BARTLEY F. BIRD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DEC 16 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 30 If less than one day _____ hr. _____ min.

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Carrying

11. Industry or business _____

MOTHER { 12. Name MARTIN BIRD
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name MARY FERNY
15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. MARY BIRD
(b) Address Hannibal Mo

17. (a) Burial (b) Date thereof April 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director Jas O'Donnell

(b) Address Hannibal Mo

19. (a) 4-18-44 (b) R. F. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1944 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Apr 1 1944 to Apr 13 1944
that I last saw him alive on Apr 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-Renal disease

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 13/a

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
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 W. H. ... (M. D. or dentist)
Address Hannibal Mo Date signed _____

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..... *Michael J. Donnell*.....

Licensed Embalmer No. *3946*.....

P. O. Address..... *Hannibal 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.