

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

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:
K. C. General Hospital No. 1
(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 unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 47
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2654 E. 29 St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Bird
 3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widower
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 17, 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 6 year 1944 hour 4 minute _____ P.M.
 21. I hereby certify that I attended the deceased from Oct. 1, 1944 to Oct. 6, 1944
 that I last saw him alive on Oct. 6, 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Bronchopneumonia Hypertensive heart disease
 Duration _____

8. AGE: Years 68 Months 6 Days 19 If less than one day _____ hr. _____ min.
 9. Birthplace Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation File Watchman

Due to _____
 Due to 930
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy See above

MOTHER FATHER {
 11. Industry or business _____
 12. Name John Bird
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown
(City, town, or county) (State or foreign country)
 16. (a) Informant Record Clerk
 (b) Address General Hospital No. 1
 17. (a) Burial (b) Date thereof Oct 6-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenlawn
 18. (a) Signature of funeral director Wm A Bohmy
 (b) Address City Mortician
 19. (a) Nov 24 1944 (b) E. Brown
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 22. If death was due to external causes, fill in the following:
 (c) Accident, suicide, or homicide (specify) _____
 (d) Date of occurrence _____
 (e) 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 A. E. Upsher (M. D. or other) MS
 Address Med. Dir. General Hospital 10-6-

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.....

Licensed Embalmer No.....

P. O. Address.....

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.