

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39988**  
Registrar's No. **5174**

**FILED JAN 4 1945**  
Registration District No. **1799**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Osteopathic Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos (Specify whether 0)

In this community 12 yrs  
years, months or days

**3. (a) PRINT FULL NAME** Lenora M. Birdsong

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex <u>Fe</u>	5. Color or race <u>Wh</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Everett</u>	6. (c) Age of husband or wife if alive <u>63</u> years	
7. Birth date of deceased <u>Nov 26 1888</u> <small>(Month) (Day) (Year)</small>		

8. AGE: 56 Years    Months 0    Days 21    If less than one day  
hr. min.

9. Birthplace Marshall Mo    U  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name Dan Thomas

13. Birthplace No Record    Mo    U  
(City, town, or county) (State or foreign country)

14. Maiden name Missouri V Hinton

15. Birthplace No Record    Ind    I  
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Birdsong

(b) Address 2824 East 9th

17. (a) Burial    (b) Date thereof 12-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Walter J. Coe

(b) Address 7406 Wornall Rd

19. (a) 12-20-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo    (b) County Jackson    42

(c) City or town Kansas City    3  
(If outside city or town limits, write "RURAL")

(d) Street No. 2824 East 9th    7  
(If rural, give location)

(e) Citizen of foreign country? No    (Yes or No) 0  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 17  
year 1944 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 15 1943, to Dec 17 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Symphatic Tubercia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 74 a

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)    (c) Means of injury \_\_\_\_\_

23. Signature John A. Henry    (M. D. or other) MD  
Address 12105 Myrtle    Date signed 12-20-44

15 E. MO.

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**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.....

*J. Jackson Roe*

Licensed Embalmer No.....

*2810*

P. O. Address.....

*N. C. 2810*

**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.**