

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9513**

FILED MAR 16 1945

Registration District No. _____

Primary Registration District No. **4154**

Registrar's No. **75**

1. PLACE OF DEATH:

(a) County **Dale**
(b) City or town **Greenfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **212 State St. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **77 years** (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME **LOUISA NAOMI BIRD**

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

4. Sex **F** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Wm. Bird** 6. (c) Age of husband or wife if alive **22** years
7. Birth date of deceased **March 22 1867**
(Month) (Day) (Year)

8. AGE: Years **77** Months **10** Days **23** If less than one day hr. min.

9. Birthplace **Dale Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **Hogan Speer**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Ruff**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. G. L. Russell**

(b) Address **Greenfield Mo.**

17. (a) **Burial** (b) Date thereof **2-16-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pennsylvania**

18. (a) Signature of funeral director **Sam E. Semereff**

(b) Address **Greenfield Mo.**

19. (a) **2/15/1945** (b) **Phyllis Lack**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dale**
(c) City or town **Greenfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **212 State St.** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **14**
year **1945** hour **3** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **2-10-1945** to **2-12-1945**
that I last saw **her** alive on **2-12-1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Physo Carditis** Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **138**

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) (e) Means of injury _____

23. Signature **P. D. Combs** (M. D. or other) _____

Address **Lackwood Mrs** Date signed **2-17-45**

RECEIVED
District Health Officer No. 8,
District File Number 345-264
Date Filed MAR 13 1945

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..... Sam E. Sensemey Jr.
Licensed Embalmer No. 4099
P. O. Address..... Greenfield, 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.