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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13633

Registration District No. 136 Primary Registration District No. 2001 Registrar's No. 197

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Y—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 60

(a) State Missouri (b) County MCDonald

(c) City or town Goodman MO.
(If outside city or town limits, write "RURAL")

(d) Street No. No
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LILLIAN MAY BIRD

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife A,G,Bird 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month), 24, (Day) 1869 (Year)

8. AGE: Years 69 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name S,P, Jessup
13. Birthplace (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Many Ann Long
15. Birthplace (City, town, or county) Unknown (State or foreign country)

(a) Informant MRS, A,G, Whited

(b) Address Goodman MO.

(a) Removal (Burial, cremation, or removal) (b) Date thereof 5-1-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Bartlesville, Okla

(a) Signature of funeral director Chas. W. Williams

(b) Address Goodman MO.

(a) 5-1-45 (Date received local registrar) (b) Gertrude Sudhalter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1945 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 22, 1945, to April 29, 1945 that I last saw her alive on April 29, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Cerebral Haemorrhage	
Due to Complete Paralysis	1 wk
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Roy E Thieme MD (M. D. or other)

Address 708 Frisco Bldg Joplin Mo Date signed May 1-45

(Licensed Embalmer's Statement on Reverse Side)

45-4-354

JUL 19 1946

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 Marcellen Williams Tibbett

Licensed Embalmer No. 4166

P. O. Address Goodman Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure mply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.