

**FILED** OCT 8 1945  
Registration District No. **4-9-2-180**

Primary Registration District No. **0-6-5-2-5613**

1. PLACE OF DEATH:  
(a) County **Lincoln**  
(b) City or town **Rural Monroe Twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **50 years** years, months or days

3. (a) PRINT FULL NAME **DANIEL LEE BIRKHEAD**  
(b) If veteran, name war **none**  
(c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **married**  
(b) Name of husband or wife **Mary Frances Birkhead**  
(c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **march 28 1870** (Month) (Day) (Year)

8. AGE: Years **75** Months **5** Days **24** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Emmanuel Bailey**  
13. Birthplace **Lincoln Co. Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Spicer**  
15. Birthplace **Platte County Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mary Birkhead**  
(b) Address **Winfield Mo.**

17. (a) **Burial** (b) Date thereof **9-11-45** (Month) (Day) (Year)  
(c) Place: burial or cremation **Admire Cemetery**

18. (c) Signature of funeral director **Wayne Mc Coy**  
(b) Address **Troy Missouri**

19. (a) **9/11/45** (b) **W. C. Clement** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Lincoln**  
(c) City or town **Rural** (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **9** year **1945** hour **1** minute **00** P.M.

21. I hereby certify that I attended the deceased from **8/4**, 1945, to **9-9**, 1945, that I last saw him alive on **9-8** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction** Duration **102**

Due to **Arterial Sclerosis**

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **W. C. Clement** (M. D. or other) **MD**

Address **Old Monroe Mo** Date signed **9/11/45**

**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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Wayne McCoy*

Licensed Embalmer No. *3582*

P. O. Address.....

*Troy 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.**