S. No. 2
M—2-43
. 5-17-39
I X35697

6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8254

Registration District No. 351 Primary Registration District No. 6186 Registrar's No. 65

1. PLACE OF DEATH:

(a) County Tanny
(b) City or town R Tannyville mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Main street / Beaver mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Several years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 106

(a) State Missouri (b) County Tanny
(c) City or town Tannyville mo
(If outside city or town limits, write "RURAL")
(d) Street No. Main street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME SUSAN. C. 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 widowed
6. (b) Name of husband or wife Melvin E Bird
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 18 (Day) 1868 (Year)

8. AGE: Years 77 Months 8 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace unknown (City, town, or county) Ga (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business —

FATHER
12. Name Samuel Shields
13. Birthplace unknown (City, town, or county) Ga (State or foreign country)

MOTHER
14. Maiden name Celia Tipton
15. Birthplace unknown (City, town, or county) Ga (State or foreign country)

16. (a) Informant Clarence Bird
(b) Address Tannyville mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Helkrey Cemetery
18. (a) Signature of funeral director Rollet Funeral Home
(b) Address Gainesville mo
19. (a) 2-6-46 (Date received local registrar) (b) C. R. Allaman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1946 hour 12 15 minute A M.

21. I hereby certify that I attended the deceased from Jan 1st, 1946, to Feb 2nd, 1946 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	Yrs
Due to Bronchial infection	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 [signature] (M. D. or other)
Address Tannyville Mo Date signed 2/4/46

(Licensed Embalmer's Statement on Reverse Side)

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ECEIVED
District Health Officer No. 6
District File Number 246-194
Date Filed 2-28-46

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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Gainesville m

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.