

No. 2
-1-4-41
-17-39
X 26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

See also 12549-46
State File No. 8819

FILED APR 8 1946
Registration District No. 107

Primary Registration District No. 4118

Registrar's No. 7

1. PLACE OF DEATH:
(a) County Christain
(b) City or town Sparta
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Christain
(c) City or town Sparta
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hannah Elizabeth Bird
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 27
year 1946 hour 2 minute 30 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
7. Birth date of deceased July 10 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 8th 1946 to Feb 27 1946
that I last saw her alive on Feb 26th 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cardial thrombosis

8. AGE: Years 71 Months 7 Days 17
If less than one day _____ hr. _____ min.

Due to Embolism of left foot 22 days
Due to _____

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

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation Housework
11. Industry or business _____
12. Name Salomon Johnson
13. Birthplace MO (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Simpson
15. Birthplace MO (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy None
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Mrs Berchie Clemens
(b) Address Sparta MO
17. (a) Burial (b) Date thereof March 2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sparta Cemetery
18. (a) Signature of funeral director W. H. Mathews
(b) Address Sparta MO
19. (a) 3-20-1946 (b) Lillie Barr
(Date received local registrar) (Registrar's signature)

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 2
23. Signature Dr. Warren W. Wilson (M. D. or other) MD
Address Sparta MO Date signed 3-12-1946

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

OCT 15 1949

APR 9 1949

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. B. Chaffin
Licensed Embalmer No. 2192
P. O. Address Clark 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.

FILED APR 22 1946

Registration District No. 9

Primary Registration District No. 4118

Registrar's No. 7

1. PLACE OF DEATH

(a) County Christian
(b) City or town Sparta
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Christian
(c) City or town Sparta
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HANNAH ELIZABETH 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 WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July - 10 - 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>17</u>	<u>hr. min.</u>

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

10. Usual occupation Housewife

11. Industry or business

12. Name Solomon Johnson

13. Birthplace MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Shipman
(City, town, or county) (State or foreign country)

15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Olemans
(b) Address Sparta MO

17. (a) Burial (b) Date thereof March 2 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta Cemetery

18. (a) Signature of funeral director Otto Rathbun
(b) Address Sparta MO

19. (a) 3-25-1946 (b) Lillie Barr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1946 hour 2 minute 30 A M.

21. I hereby certify that I attended the deceased from Feb. 5th, 1946 to Feb. 27th, 1946 that I last saw her alive on Feb. 26th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis

Due to Embolism of left foot Duration 22 days

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 940

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 2

23. Signature Harold Olemans (M. D. or other) D. O.
Address Sparta, Missouri Date signed 3/12/46

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

11458

RECEIVED

District Health Officer No. 6,

District File Number 446-500

Date Filed APR 17 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 T. B. Cheffin

Licensed Embalmer No. 2182

P. O. Address Ozark 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.