

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAY 17 1946
Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 540

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural "Washington"

(c) Name of hospital or institution: Maxwell Heights

(d) Length of stay: In hospital or institution 3 years

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchaan

(c) City or town Rural "Washington"

(d) Street No. Maxwell Heights

(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Mamie W. Bird

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ernest R. Bird

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 23 1983

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 63 | 1 | 9 | hr. min. |

9. Birthplace Atlantic Iowa

10. Usual occupation at home

11. Industry or business

12. Name D. A. Harden

13. Birthplace Council Bluffs Iowa

14. Maiden name Katie Bowlin

15. Birthplace Savannah Missouri

16. (a) Informant Mrs. E. R. Bird

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 5/9/46

(c) Place: burial or cremation Savannah, Mo.

18. (a) Signature of funeral director Walter B. B. & B. B.

(b) Address St. Joseph, Mo.

19. (a) May 11-1946 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1946 hour 12 minute 20 P M.

21. I hereby certify that I attended the deceased from April - 1939 to May 7 1946 that I last saw her alive on May 6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease (coronary artery disease)

Due to Cor. Artery Disease

Due to

Other conditions

Major findings: Of operations

Of autopsy

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?

(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 Dr. B. B. B. (M. D. or other)

Address St. Joseph, Mo. Date signed

Duration 4 yrs

year

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0661 E WOT

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.....
Eugene Wood
Licensed Embalmer No. *3804*
P. O. Address *319 1/2 15th St. Wash, D.C.*

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.