

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41489

Registration District No. 201

Primary Registration District No. 3042

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 2 days
(Specify whether years, months or days)

In this community All his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Maitland
(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: _____

3. (a) PRINT FULL NAME Jack Corydon Bird

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced m.

6. (b) Name of husband or wife Gene Rughler 6. (c) Age of husband or wife if alive Married

7. Birth date of deceased Jan 23 - 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Busk + Cement Fabrc

11. Industry or business _____

12. Name Corydon Bird

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

14. Maiden name Jane M. Mechal

15. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Marynie M Bird
(b) Address Oregon Mo

17. (a) Burial (b) Date thereof 11-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ch. O. F Graham Mo

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Marionville Mo

19. (a) 1-6-47 (b) Ross Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 5 Year 1946 hour 10:50 minute P M.

21. I hereby certify that I attended the deceased from Dec 4 1946 Dec 5 1946 that I last saw him alive on Dec 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Nephritis & Anemia

Due to: Chronic Prostate Infection
Cerebral Anemia
Generalized Arteriosclerosis
Ch. Pyelitis

Other conditions: Parasitic Ch. of Stomach
(Include pregnancy within 9 months of death)

Major findings: _____
Of operations: _____

Of autopsy: H&P

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 _____

23. Signature W. B. Jackson (M. D. or other) _____
Address Marionville, Mo Date signed 12-11-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

STATE HEALTH DEPARTMENT
CAMERON, MISSISSIPPI

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..... *William Campbell*
Licensed Embalmer No. *2620*
P. O. Address..... *Marionville 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.