

S. No. 2  
M-5-43  
5-17-39  
I X36871

**FILED APR 8 1947**

Registration District No. **227**

Primary Registration District No. **4339**

Registrar's No. **221**

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

**1. PLACE OF DEATH:**

(a) County MONROE

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

(c) Name of hospital or institution:  
N. MAIN ST  
(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 MISSOURI (b) County MONROE **69**

(c) City or town PARIS **21**  
(If outside city or town limits, write "RURAL")

(d) Street No. N. MAIN ST. **0**  
(If rural, give location) **0**

(e) Citizen of foreign country? NO (Yes or No)

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

**3. (a) PRINT FULL NAME** ROY C. BIRD

3. (b) If veteran, name war \_\_\_\_\_  3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased SEPT. 8 1864  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MARCH day 19 year 1947 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 17 1944 to Mar 19 1947 that I last saw him alive on Mar 19 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 1 wk.

**8. AGE:**

Years	Months	Days	If less than one day
<u>82</u>	<u>6</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace SHELBY Co. KY.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

**MOTHER FATHER**

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

12. Name GEO. LEE BIRD

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

14. Maiden name ANNA TAYLOR WILLIAMS

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

16. (a) Informant MRS. JEFF MARTIN

(b) Address LINCOLN, NEBR.

17. (a) BURIAL (b) Date thereof MAR 21 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed Blakey

(b) Address PARIS, Mo.

19. (a) MAR 29 1947 (b) Elbert Baker M.D.  
(Date received local registrar) (Registrar's signature)

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**33B**

**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 M. C. Mc Murry M.D. (M.D. or other) \_\_\_\_\_

Address PARIS, Mo. Date signed 3-20-47

205

JUL 15 1948

APR 25 1951

RECEIVED  
District Health Officer No. 10  
District File Number 447-638  
Date Filed APR - 5 1947

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.....*E. H. Agnew*.....

Licensed Embalmer No. 4000.....

P. O. Address Paris, Missouri......

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.