

FILED JUL 25 1947

Registration District No. **73**

Primary Registration District No. **4154**

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

William Thomas Bird

3. (b) If veteran,

name war **V**

3. (c) Social Security

No. **V**

4. Sex

MO

5. Color or race

W

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

widowed

6. (b) Name of husband or wife

Louise Bird

6. (c) Age of husband or wife if

alive **22** years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

87

9

25

hr.

min.

9. Birthplace

Madison Co

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Henry Bird

13. Birthplace

unknown

(City, town, or county)

(State or foreign country)

14. Maiden name

Louise Bird

15. Birthplace

unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant

Florence Russell

(b) Address

Greenfield, Mo

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

7-10-47

(Month) (Day) (Year)

(c) Place: burial or cremation

Bennett

18. (a) Signature of funeral director

W. G. Allison

(b) Address

Greenfield, Mo

19. (a)

7-9-47

(Date received local registrar)

(b)

Geo R. New

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Madison**
(c) City or town **Greenfield, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8**
year **1947** hour **3** minute **10** P.M.

21. I hereby certify that I attended the deceased from

7-1-47 to **7-1-47**, 19**47**
that I last saw him alive on **7-1-47**
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis
Senility

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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) (e) Means of injury

23. Signature

J. D. Corns (M. D. or other)
Address **Lockwood, Mo** Date signed **7-9**

RECEIVED
District Health Officer No. 81
District File Number 747-756
Date Filed JUN 21 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 W. R. Allison.....

Licensed Embalmer No. 4404.....

P. O. Address.....

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.)

-X- If this body is not embalmed, fact should be so stated above.