No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37064

Registration District No. 38 | Primary Registration District No. 5120 | Registrar's No. 282

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: Highway 40
(If not in hospital or institution, write street number or location)

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

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Calloway

(c) City or town: Fulton
(If outside city or town limits, write "RURAL")

(d) Street No.: 310 S. West 9th St
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: ARCH BIRD

3. (b) If veteran, name war: —

3. (c) Social Security No.: .....

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of ~~husband or~~ wife: Ella Bird

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

7. Birth date of deceased: (unknown) (Month) (Day) 1890 (Year)

8. AGE: Years: 57 | Months: — | Days: — | If less than one day: ..... hr. ..... min.

9. Birthplace: Calloway Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Brick Plant

MOTHER FATHER

12. Name: Robert Bird

13. Birthplace: unknown (City, town, or country) unknown (State or foreign country)

14. Maiden name: unknown

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

16. (a) Informant: Woodrow Bird

(b) Address: Fulton Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-2-47 (Month) (Day) (Year)

(c) Place: burial or cremation: New Bickland Mo

18. (a) Signature of funeral director: Stuart O. Parker

(b) Address: Columbia, Missouri

19. (a) Nov 1 '47 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 29 year: 1947 hour: 7 minute: 30 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fractures multiple	
Due to:	
Due to: Auto wreck	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident 010

(b) Date of occurrence: Oct 29 47

(c) Where did injury occur? Boone County (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)

While at work? ..... (e) Means of injury: 3

23. Signature: E. Ward Coroner (M. D. or other)

Address: Columbia Mo. Date signed: 10/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 17 1947

NOV 23 1948

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 Stuart R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, M

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.