

No. 2
-1/47
-1739

National Office of Vital Statistics
FILED NOV 18 1947

State File No.

Registration District No. 28

Primary Registration District No. 5120

Registrar's No. 281

1. PLACE OF DEATH: Boone
 (a) County: Boone
 (b) City or town: Rural, Columbus
 (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: 1
 (Specify whether)

In this community, years, months or days

2. USUAL RESIDENCE OF DECEASED: 14
 (a) State: Missouri (b) County: Calloway 1
 (c) City or town: Fulton 2
 (If outside city or town limits, write "RURAL")
 (d) Street No.: Pine St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: 1

3. (a) PRINT FULL NAME: WILLIAM HOWARD BIRD
 3. (b) If veteran, name war:
 3. (c) Social Security No.:

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

4. Sex: Male
 5. Color or race: Negro
 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife:
 6. (c) Age of husband or wife if alive: years
 7. Birth date of deceased: 8-4-1922
 (Month) (Day) (Year)

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

8. AGE: Years: 25 Months: 2 Days: 25 If less than one day: hr. min.

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

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

10. Usual occupation: Laborer

11. Industry or business: Brick Plant

12. Name: Ark Bird

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

14. Maiden name: Rita Stodley

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

16. (a) Informant: Howard Bird

(b) Address: Fulton, Mo.

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

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

18. (a) Signature of funeral director: Stuart P. Parker
 (b) Address: Columbus Missouri

19. (a) Date received local registrar: October 31 47 (b) Registrar's signature: Mrs. R. E. Palmer
 (Date received local registrar) (Registrar's signature)

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 27-1947
 (c) Where did injury occur?: Boone Mo
 (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
 (Specify)

Major findings: Of operations: 17 Oct 48
 Of autopsy: 11 22

23. Signature: Edward Croner
 Address: Columbia Mo Date signed: 10/31/47

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

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

NOV 17 1947

Date Filed

District File Number

District Health Officer No. 9

RECEIVED

JUL 22 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 P. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbus, 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.