S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2073

Registration District No. 24

Primary Registration District No. 3056

Registrar's No. 29

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1. PLACE OF DEATH:

(a) County: Randolph

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

(c) Name of hospital or institution: Woodland Hospital
(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: Randolph

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

(d) Street No.: 712 Franklin
(If rural, give location)

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

If yes, name country .....

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3. (a) PRINT FULL NAME: Vena Birdsell

3. (b) If veteran, name war: ✓

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Leon R. Birdsell

6. (c) Age of husband or wife if alive: 4 years

7. Birth date of deceased: Dec (Month) 4 (Day) 1899 (Year)

8. AGE: Years 48 | Months 1 | Days 17 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: At home

11. Industry or business .....

MOTHER FATHER

12. Name: William Sparkman

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

14. Maiden name: Ola Powers

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

16. (a) Informant: L. R. Birdsell

(b) Address: Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-24-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Moberly Mo

18. (a) Signature of funeral director: Mahan and Son

(b) Address: Moberly Mo

19. (a) Jan 24-48 (Date received local registrar) (b) Leah Sullivan Howe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1948 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Dec 2 1947 to Jan 21 1948 that I last saw he alive on Jan 21 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterial Hypertension	6 yrs
Due to: Chronic Nephritis	6 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arterial Embolus of left femoral artery	5 days

Major findings Of operations:

Of autopsy: B B

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) .....

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury: 0

23. Signature: [illegible] (M. D. or other)

Address: Moberly Mo Date signed: 22 Jan 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No.
District File Number 1-48-159
JAN 27 1948
Date Filed

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 Frank D. De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.