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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31905

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 161

1. PLACE OF DEATH:
(a) County AUDRAIN.
(b) City or town MEXICO, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BAKERS-NURSING-HOME 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS. (Specify whether
In this community 10 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County AUDRAIN 4
(c) City or town LADDONIA-MO. 8
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDITH-MAY-BIRCH.
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex FEMALE 1 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 APRIL (Month) 4 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
43	6	26	hr. min.

9. Birthplace LADDONIA, MO. 1 (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWORK.
11. Industry or business HOME
FATHER
12. Name JAMES-E-BIRCH.
13. Birthplace LADDONIA MO. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name SALLY-GRIGSBY
15. Birthplace FARBER MO. 1 (City, town, or county) (State or foreign country)
16. (a) Informant Ben Stephens.
(b) Address LADDONIA-MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation LADDONIA-MO.
18. (a) Signature of funeral director Clyde C. Wilkey
(b) Address LADDONIA-MO.
19. (a) 10/30/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 28th year 1948 hour 11:00 minute P. M.
21. I hereby certify that I attended the deceased from Jan, 1936, to Oct 28, 1948; that I last saw her alive on Oct 25, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Parkinsons disease	15-yrs
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W K McCall (M. D. or other)
Address Laddonia MO Date signed 10-29-48

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1949

OCT 20 1950

SEP 29 1950

RECEIVED
District Health Officer No.
District File Number 11-48-1
Date Filed NOV 8 - 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 John E Maxwell, Registered Apprentice No. 252 working under my personal supervision.

Signed Clyde, Wil

Licensed Embalmer No. 3820

P. O. Address Perry, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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