

Registration District No. 68

Primary Registration District No. 4119

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Ozark Mo.
(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charley Bird
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. O 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased May 4 1874 (Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name George W. Bird
13. Birthplace don't know
14. Maiden name don't know
15. Birthplace don't know

16. (a) Informant Joe Bird
(b) Address Ozark Mo.

17. (a) Burial Date thereof Sept 27-48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial Rolla Mo.

18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.

19. (a) Nov 10 1948 (Date received local registrar) Little Leonard (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Christian
(c) City or town Ozark Mo.
(d) Street No. Reed
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1948 hour _____ minute _____ M.
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.

Immediate cause of death Acute myocarditis
- He was on his way to town & dropped dead on a street in Ozark Mo.
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

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. W. Maples (M.D. or other) Coroner
Address Clever Mo Date signed 9-28-48

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

RECEIVED

District Health Officer No. 6,
District File Number 1148-1298
Date Filed 11-26-48

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.