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Dr. Conrau.

FEDERAL BUREAU OF VITAL STATISTICS  
National Office of Vital Statistics  
FILED JAN 10 1949  
MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 872  
Registrar's No. 1135

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
838 E. Garfield  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community State 16 Yrs. City 4 Yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
Missouri (a) State (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2008 East Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur L. Bird  
L is only an Initial  
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 1 st.  
year 1949 hour 5 minute XX P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Phoebe Bird 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased March 19 th, 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
Dec 15 1945 to Jan 1st 1949  
that I last saw him alive on Dec 23 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
82 9 12 hr. min.

Immediate cause of death Hypostatic pneumonia Duration 10 days  
Due to Arterio-sclerotic heart disease 10 yrs  
Due to Generalized Arterio-sclerosis 20 yrs?

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

Other conditions (Specify agency within 3 months of death)  
Arterio-sclerotic kidney disease 20 yrs?

10. Usual occupation Retired Farmer

Major findings: None Of operations None Of autopsy None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Bird  
13. Birthplace ??? N.Y.  
(City, town, or county) (State or foreign country)  
14. Maiden name Miss ?? Monroe  
15. Birthplace ??? N.Y.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Goldie Volaky  
(b) Address 838 East Garfield, Springfield

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof 1-5-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Greenlawn

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director W.L. Dunn  
(b) Address Springfield, Mo.

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

19. (a) 1-5-49 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

Address Springfield, Mo Date signed 1-2-49

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

**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 HL Mc Cann

Licensed Embalmer No. 2727

P. O. Address Springfield, 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.**