

FILED JAN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1160**
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BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>6511 Peery</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle)	c. (Last) <u>Bird</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 1 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)	8. DATE OF BIRTH <u>2/29/1884</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mail carrier</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Hugh Bird</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bird</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Florence Bird</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>498-24-8234</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sarah Bird, 6511 Peery</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2044</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec. 28 1951, to Jan. 1 1952, that I last saw the deceased alive on Jan. 1 1952, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns, M.D.</u>	23b. ADDRESS <u>24th & Cherry</u>	23c. DATE SIGNED <u>1-2-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/4/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG <u>1-3-52</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John P. Sheil, K C Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

M. Robinson

For Embalmer No. _____

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John P. Shiel* _____

Licensed Embalmer No. *3625* _____

P. O. Address *K.C. Ind.* _____

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.