

FILED SEP 27 1956

STANDARD CERTIFICATE OF DEATH

30595

STATE FILE NUMBER

3870

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5608 E 29th Terr.		Length of stay in lb 17 yrs.		d. STREET ADDRESS 5608 E 29th Terrace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Daniel Middle Webster Last Birdsong				4. DATE OF DEATH Month Sept Day 1 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 21 1922		9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (City and state or country) Boliver Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME John Robert Birdsong				14. MOTHER'S MAIDEN NAME Susie Frances Taylor			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. W W II 486-26-5672		17. INFORMANT Address Mrs Florence Reed 5608 E 29th St			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): <i>Bullet Wound Chest</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <i>e976k</i>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Shot himself in chest with Revolver</i>				
20c. TIME OF INJURY Hour a. m. p. m. <i>9-1-56</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, factory, street, office, etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Kansas City Jackson mo</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Hugh H. Owens (Degree or title) <i>Hugh H Owens Coroner</i>				22b. ADDRESS <i>1034 Piatts Bldg</i>		22c. DATE SIGNED <i>9-4-56</i>	
23a. BURIAL (CREMATION, REMOVAL) (Specify) <i>Burial</i>		23b. DATE <i>Sept 4 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Green-Lawn Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City Missouri</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Sheil Funeral Home K C Missouri</i>			25. DATE RECD. BY LOCAL REG. <i>9-4-56</i>		26. REGISTRAR'S SIGNATURE <i>neva minshall</i>		

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No...77...

P. O. Address J.C. ...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.