

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6106

State File No. ....

Registration District No. 73Primary Registration District No. 3014Registrar's No. 15

## 1. PLACE OF DEATH:

- (a) County CLAY  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGIA ANNA BIRD

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband Charles Bird 6. (c) Age of husband or wife if alive 1867 years  
7. Birth date of deceased Sept 15 (Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Home Keeper

11. Industry or business Liberty

12. Name Geo Lincoln

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

14. Maiden name Presella Birds

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

16. (a) Informant Floyd Douglas

- (b) Address Quindar Kansas

17. (a) Burial (b) Date thereof Feb 21 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director C. H. Church & Co

- (b) Address Liberty Mo

19. (a) Feb 20 1943 (b) Delia Carley (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Clay  
(c) City or town Liberty  
(If outside city or town limits, write "RURAL")  
(d) Street No. 610 N. River St (If rural, give location)  
(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1943 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from 1940 to 2/19/43, 19

- that I last saw her alive on 2-18-43, 19

- and that death occurred on the date and hour stated above.

- Immediate cause of death Pertussis from perforation from Ca. of cervix

- Due to Diagnosis 1440. Radium used -

- Due to a very comfortable

- until month ago

- Other conditions 480

- (Include pregnancy within 3 months of death)

- Major findings: Of operations Ca in Vagina & uterus

- Of autopsy with perforation into vagina & rectum

22. If death was due to external causes, fill in the following.

- (a) Accident, suicide, or homicide (specify) Liberty

- (b) Date of occurrence Feb 21 1943

- (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) (e) Means of injury 0

- While at work? 0

23. Signature W. H. Goodson (M.D. or other) MD

- Address Liberty, Mo Date signed Feb 20 1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-5-43

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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

*Edgar Archer.*

Licensed Embalmer No. 3311

P. O. Address Liberty, Me.

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

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