

DEPARTMENT OF COMMUNITY HEALTH
STATE OF MISSOURI
SEP 26 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32046

State File No. _____

Registrar's No. 47

Registration District No. 571

Primary Registration District No. 4335

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

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California Walter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all his life! (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau
(c) City or town California 069
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Newton Edward Birdsong

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 5. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Olive 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 8 - 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer & Stock Dealer

11. Industry or business _____

12. Name James Birdsong

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

14. Maiden name Louisa Dowell

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

16. (a) Informant Edger Birdsong

(b) Address California Mo

17. (a) Burial (b) Date thereof 8/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calif - Grey Williams & Hartney

18. (a) Signature of funeral director California Mo

(b) Address California Mo

19. (a) 8-12-41 (b) A.R. Popejoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th year 1941 hour 6:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from June 26 1939, to August 9 1941; that I last saw him alive on August 8 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration 2 yrs
Generalized arteriosclerosis
Due to Uremic Coma 2 days

Due to _____
Other conditions Hypertrophy of Prostate 2 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 12/12
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

23. Signature Kenyon Latham (M. D. or other) _____
Address California, Mo Date signed 8/11/41
While at work? _____ (Specify type of place) (e) Means of injury _____

(Licensed Embalmer's Statement on Reverse Side)

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.....

H.E. Friedmeyer

Licensed Embalmer No.....

2854

P. O. Address.....

California N.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 571

Primary Registration District No. 4335

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Monteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Monteau
(c) City or town California MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Newton E. Burdson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Olive Burdson 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb. 8 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days _____
(If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-12-41 (b) H. P. Peperjoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

California

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