

FILED JAN 29 1947

Registration District No. 21

Primary Registration District No. 0791

Registrar's No. 1

1. PLACE OF DEATH:

(a) County - Moniteau Co  
(b) City or town Rural Harrison  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rt # 3. California, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt # 3. California, Mo. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Vivian Anna Birdsong

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Herman Birdsong 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased January 10 1895  
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Moniteau Co 0  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

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

12. Name William Short 0  
13. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Rosa James  
15. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant H. N. Birdsong  
(b) Address California no. 183

17. (b) Burial (b) Date thereof Jan 18 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Woodman Cem. High Point

18. (a) Signature of funeral director Bowlin Funeral Home  
(b) Address California, Mo.

19. (a) 1/18/1947 (b) C. H. Hall  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Jan day 15 year 1947 hour 9/15 minute 3 P. M.

21. I hereby certify that I attended the deceased from July 3 1946, to Jan 15-17 1947; that I last saw her alive on Jan 14 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 2 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 46

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? \_\_\_\_\_

(Specify type of blow) While at work? (e) Means of injury 0

23. Signature Kenyon Latham (M. D. or other) 0  
Address California no Date signed 1-18-47

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

MOTHER FATHER

1947

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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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California 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.**