

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAY 13 1940

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15524
Do not use this space.

1. PLACE OF DEATH
 (a) County Monticau Registration District No. 571
 (b) Township Walker Primary Registration District No. 5769
 (c) City or _____ (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Cynthia Birdsong
 (a) Residence, No. Monticau Co. rural St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 10 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

FATHER
 13. NAME Rubin Birdsong
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

MOTHER
 15. MAIDEN NAME Mrs Emma Caranther
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

17. INFORMANT (ADDRESS) John Birdsong California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem DATE 4/18/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Lewis & Friedman California Mo

20. FILED 4-18-40 A. R. Popejoy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 16 - 1940

22. I HEREBY CERTIFY, That I attended deceased from 4 - 10 - 1940, to 4 - 16 - 1940, 1940
 I last saw her alive on 4 - 16 - 1940 Death is said to have occurred on the date stated above, at 10:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Labar Pneumonia Date of onset 4-13-40
 Other contributory causes of importance: 11W
Influenza 4-12-40
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. R. Popejoy, M. D.
 (Address) California Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.