

147
7-39

FILED MAR 25 1948 222
Registration District No.

Primary Registration District No. **222-5794**

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

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Clarksburg Morseau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community Entire Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau **68**

(c) City or town Clarksburg
(If outside city or town limits, write "RURAL") **0**

(d) Street No. none
(If rural, give location) **000**

(e) Citizen of foreign country? no (Yes or No)

If yes, name country Native

3. (a) PRINT FULL NAME THOMAS-MILTON-BIRDSONG

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1948 hour 12 minute 25 P. M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cora A Birdsong

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 27 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 4 1948 to March 13 1948
that I last saw him alive on March 12 1948
and that death occurred on the date and hour stated above.

Duration 9 days

8. AGE: Years 82 Months - Days 15 If less than one day hr. min.

Immediate cause of death Cerebral Hemorrhage **9 days**

Due to Cardio-vascular disease with hypertension **5 years**

Due to

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

10. Usual occupation Farmer

11. Industry or business Farm

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation PT

Of autops:

PHYSICIAN

Underline the cause of which death should be charged statistically.

12. Name Preston Birdsong

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

14. Maiden name Elizabeth Joke

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

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 place)

While at work? (e) Means of injury 0

23. Signature E. D. Kirby (M. D. or other)
Address California Date signed 3/13/48

16. (a) Informant Cora A Birdsong

(b) Address Clarksburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery, Dubuque

18. (a) Signature of funeral director Jamell E. Kubala

(b) Address Lepta Mo

19. (a) 3-15-48 (Date received local registrar)

(b) Biddie Sturgis (Registrar's signature) **200**

RECEIVED

District Health Officer No. 9

Service File Number

MAR 24 1948

Date Filed

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

Jesse E. Richards

Licensed Embalmer No.

2466

P. O. Address

Lipton 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.