

S. No. 2
M-5-43
5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

277817

State File No. _____

FILED SEP 4 1946

Registration District No. 212

Primary Registration District No. 5779

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Beclan

(c) Name of hospital or institution: Rural Franklin's Town
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller

(c) City or town Beclan "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. Franklin's Township
(If rural, give location)

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

If yes, name country: _____

3. (a) PRINT FULL NAME Tillman Alvin Birdsong

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1946 hour _____ minute 69

21. I hereby certify that I attended the deceased from 3-15, 1944 to 8-25, 1946
that I last saw him alive on 8-24, 1946
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Harry Birdsong

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug 22 1874
(Month) (Day) (Year)

Immediate cause of death CEREBRAL HEMORRHAGE

Duration _____

Due to ARTERIOSCLEROSIS

8. AGE: Years 72 Months 0 Days 3
If less than one day _____ hr. _____ min.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations No

Of autopsy No

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Prudence Birdsong

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

14. Maiden name Mary E. Jobe

15. Birthplace 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 _____

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? _____

16. (a) Informant Harry Birdsong

(b) Address Beclan, Mo.

17. (a) Burial (b) Date thereof 8-29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksburg Mo.

While at work? _____ (Specify type of place)

(c) Means of injury 2

23. Signature A. F. Burkstrasser (M.D. or other) DO

Address Beclan, Mo. Date signed 8/29/46

18. (a) Signature of funeral director A. F. Burkstrasser

(b) Address Beclan Mo.

19. (a) 8-29-1946 (b) Alvin W. Walker
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 9

District File Number 9-46-1

Date Filed 9-3-46

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.....

James D. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed *James D. Phillips*

Licensed Embalmer No. *2663*

P. O. Address *Edon*

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.