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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25472**

FILED AUG 23 1948

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **871**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mercy Hospital** **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 min.** (Specify whether)
In this community **Lifetime**
years, months or days)

3. (a) PRINT FULL NAME **GLENDA BIRD**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive years **17**, 1948
7. Birth date of deceased **August 17, 1948**
(Month) (Day) (Year)

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

9. Birthplace **St. Joseph, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business **None**

12. Name **Delbert Bird**

13. Birthplace **St. Joseph, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ella June Campbell**

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

16. (a) Informant **Delbert Bird (father)**
(b) Address **R.F.D. # 6, City**

17. (a) **Burial** (b) Date thereof **8/19/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **I.O.O.F. Public Cemetery**

18. (a) Signature of funeral director **John C. Rupp**
(b) Address **6054 Pryor Ave., City**
19. (a) **8-20-48** (b) **E. C. Jenkins**
(Date received local registrar) (Registrar's signature) **E.A.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** //
(c) City or town **St. Joseph** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **R.F.D. # 6,** (If rural, give location) **1**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **August** day **17**, 1948 hour **8** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **8-17**, 1948, to **8-17**, 1948;
that I last saw her alive on **8-17**, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth of 6 months**
Due to **Overdistention of mother**

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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?

(Specify type of place)
While at work (e) Means of injury **2**
23. Signature **E. C. Jenkins** (M. D. or other)
Address **5008 Hwy 1 Mile** Date signed **8-18-48**

(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

John E. Repp

Licensed Embalmer No.

3986

P. O. Address

St. Joseph, 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.