

FILED MAY 14 1947

Registration District No. 369 Primary Registration District No. 4538

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

1. PLACE OF DEATH:
 (a) County Wayne
 (b) City or town Piedmont
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XXXX
(Specify whether in this community years, months or days) 30 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Wayne ///
 (c) City or town Piedmont
(If outside city or town limits, write "RURAL") /
 (d) Street No. XX
(If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jessie Edward Birmingham
 3. (b) If veteran, name war XXXX
 3. (c) Social Security No. XXXX

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 1
 year 1947 hour 4:00 minute _____ P.M.
 21. I hereby certify that I attended the deceased from and unattended
 that I last saw him alive on _____ 19____
 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 Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 26 1870
(Month) (Day) (Year)
 8. AGE: Years 77 Months 0 Days 5
 If less than one day _____ hr. _____ min.

Immediate cause of death Found dead at home
 Due to from Natural Causes
 Due to _____
 Other conditions 200C
(Include pregnancy within 3 months of death)

9. Birthplace Wayne Co. Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Farm
 11. Industry or business _____
 12. Name William Henry Birmingham
 13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Minerva Hanley
 15. Birthplace Tenn.
(City, town, or county) (State or foreign country)
 16. (a) Informant Flat, River Mo.
 (b) Address _____
 17. (a) Burial (b) Date thereof Mar. 3 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Near Piedmont, Mo.
 18. (a) Signature of funeral director N. W. Bish
 (b) Address Piedmont Mo.
 19. (a) May 10 - 1947 (b) W. O. Piles
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 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 place)
 While at work? _____ (c) Means of injury 2
 23. Signature John F. Wagner Coroner (M. D. or other) _____
 Address Greenville, Mo. Date signed 3-2-47

RECEIVED

District Health Officer No. 4
District File Number 547-687
Date Filed 5-13-47

MAY 14 1947

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 Harwin E. Bowler.....

Licensed Embalmer No. 4427.....

P. O. Address Richmont, 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.