

S. No. 300  
M-10-47  
v. 5-17-39  
I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29664  
Registrar's No. 3771

FILED SEP 25 1948  
Registration District No. 1489

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4022 Benton Boulevard  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4022 Benton Boulevard  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Adelaide Lorne Bird  
(b) If veteran, name war no.  
(c) Social Security No. no.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 13  
year 1948 hour 11:00 minute P. M.

4. Sex female 5. Color or race white  
6. (b) Name of husband or wife James B. Bird  
7. Birth date of deceased: September 7 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 1938 1938 to Sept. 13 1948  
that I last saw her alive on August 28 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 0 Days 6  
If less than one day hr. min.

Immediate cause of death Acute pyelonephritis Duration 3 weeks

9. Birthplace Illinois (City, town, or county) (State or foreign country)  
10. Usual occupation at home

Due to Chronic lymphedema of both legs - severe 10 year  
Due to Senility

11. Industry or business X  
12. Name Henry E. Glarke  
13. Birthplace Massachusetts (City, town, or county) (State or foreign country)  
14. Maiden name Mary Sheppard  
15. Birthplace Pa. unknown (City, town, or county) (State or foreign country)

Other conditions Senility (Include pregnancy within 3 months of death)  
Major findings: Of operations 1330  
Of autopsy

16. (a) Informant Mr. James P. Bird  
(b) Address 4022 Benton Blvd., Kansas City, Mo.  
17. (a) burial (b) Date thereof 9-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Union Cemetery  
Stine & McClure  
18. (a) Signature of funeral director  
(b) Address 3235 Gillham Plaza, K. C., Mo.  
19. (a) 9-15-48 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

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  
23. Signature Edward H. Stein (M. D. of Mo.)  
Address 1130 W. 13th St., Blue Springs, Mo. Date signed 9/14/48

5  
Dr. Edward Klein

Oliver Medical Bldg

No 3150

2 to 4 pm today

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**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..... Robert H Reed

Licensed Embalmer No. 3745

P. O. Address..... NC 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.**