

No. 2  
-12-45  
5-17-39  
I. X47070

FILED APR 1 1947

State File No. \_\_\_\_\_

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 1289

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: St Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 WK  
In this community 10 years  
years, months or days (Specify whether)

3. (c) PRINT FULL NAME Birdsong, Veleria

3. (b) If veteran, name war No 3. (c) Social Security No. 570-05-9536

4. Sex F 5. Color or race Wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Albert Birdsong 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased August 16, 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Lottie Foster  
13. Birthplace Clarksburg Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Talley  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Birdsong

(b) Address 3826 Senesee

17. (a) Removal (b) Date thereof Mar 21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California Mo

18. (a) Signature of funeral director Charles Eugene Kane

(b) Address 1901 Olcott Blvd

19. (a) 3-20-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 3826 Senesee  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18  
year 1947 hour 10 minute 40 P M.

21. I hereby certify that I attended the deceased from 1-1-47  
to 3-18-47  
that I last saw her alive on 3-18-47  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Cor. infarct  
Duration \_\_\_\_\_

Due to Generalized Circulation 34C  
stroke embolism  
Due to Fracture R. leg 1140.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 1860  
Of operations no 18  
Of autopsy yes  
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) accident 123

(b) Date of occurrence 2-22-47

(c) Where did injury occur? KC Mo (City or town) Mo (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - Fall

(e) While at work? no (Specify type of place) (e) Means of injury Fall

23. Signature John Therman (M. D. or other) MD  
Address 168 Grand Ave Date signed 3-20-47

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

MOTHER FATHER

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**