

NO PUBLIC FUNERAL:
CONTAGIOUS DISEASE
RECORDED APR 14 1938

1. PLACE OF DEATH
 (a) County Buchanan
 (b) Township
 (c) City St. Joseph
 (e) Length of residence in city or town where death occurred

2. PRINT FULL NAME Roderick Eugene Kirkendoll 625
 (a) Residence, No. [] Cameron, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10148
Do not use this space.

85
 Registration District No. 1001
 Primary Registration District No. Sunny Slope Hospital
 Registered No. 286
 (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U.S., if of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1936
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 I 9 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron, Mo.

FATHER 13. NAME Fred Leroy Kirkendoll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weathery, Mo.

MOTHER 15. MAIDEN NAME Hazel Alberta Flanders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron, Mo.

X 17. INFORMANT (ADDRESS) Fred L. Kirkendoll, Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron, Mo. DATE Mar. 9th., 1938

19. FUNERAL DIRECTOR (ADDRESS) O. A. Moore, Cameron, Mo.

20. FILED 3/17 1938 [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1938
 22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1938, to Mar 7, 1938.
 I last saw him alive on Mar 7, 1938. Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:
 Diphtheria, larynx
 Date of onset 7

Other contributory causes of importance: 10
 Otitis media

Name of operation tracheostomy Date of
 What test confirmed diagnosis? Bacteriology Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify (Signed) H. E. Pelisser, M. D.
 (Address) 706 Franklin St. Joseph

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

O. A. Moore

Licensed Embalmer No. 1180

I, _____ hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____ O. A. Moore,

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 1180

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.)