

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

**25408**  
 Do not use this space.

**DEPT AUG 24 1938**

**1. PLACE OF DEATH**

(a) County Grundy Registration District No. 324  
 (b) Township Franklin Primary Registration District No. 5454 Registered No. 13  
 (c) City..... (d) Street No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Wayne Kirk  
 (a) Residence, No. Spickard Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Murry Kirk  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
29 6 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 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) Grundy Co Mo

13. NAME Enoch Kirk  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co Mo

15. MAIDEN NAME Josie Kincaid  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co Mo

17. INFORMANT (ADDRESS) Josie Kirk  
Spickard Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE North Evans Cem DATE July 25 1938

19. FUNERAL DIRECTOR (ADDRESS) Chas E Schooler  
Spickard Mo

20. FILED July 25 1938 Mrs. Wilton Vaughn Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to July 23 1938  
 I last saw him alive on July 13 1938. Death is said to have occurred on the date stated above, at 6:15 PM

The principal cause of death and related causes of importance were as follows:

Hemorrhage of lungs following tuberculosis of lungs  
 Date of onset 1934

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
 If so, specify..... (Signed) Ellis Ewing, M. D.

Spickard Mo (Address)

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

I, Ross Wise, Licensed Embalmer No. 3771

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ross Wise

Missouri L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Ross Wise  
Licensed Embalmer No. 3771

**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.)**