REC'D APR 11 1939

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

10161
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Washington Primary Registration District No. 1001 Registered No. 319
(c) City St. Joseph, (d) Street No. Missouri Methodist Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 51 yrs. 5 mos. 27 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Amelia M. Kirkpatrick,
(a) Residence, No. 1115 Magnolia, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Ernest V. Kirkpatrick,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 27, 1887
7. AGE: YEARS 51 | MONTHS 5 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home,
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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri, 0

FATHER
13. NAME: Jacob J. Buechle, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

MOTHER
15. MAIDEN NAME: Pauline Schwaderer,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County, Missouri,

17. INFORMANT (ADDRESS): Ernest V. Kirkpatrick 1115 Magnolia Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Mch. 27, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton-BeGold Bowman 319 So. 10th. Str. Funeral Home
20. FILED 3/27, 1939 H. J. Nettlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 24th, 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1939, to Mar 24, 1939
I last saw her alive on Mar 24, 1939. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction acute	3-22-39

122 B2

Other contributory causes of importance:

Chronic constipation	1929
Menopause	1938

Name of operation: None Date of —
What test confirmed diagnosis? Ex. & Lab. 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) E. M. Shores, M. D.
(Address) 317 Kirkpatrick Bldg. St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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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, Mar 24, 19-

....., or by ....,

Registered Apprentice No....., working under my personal supervision.

Signed W E Summerfield

Licensed Embalmer No. 5007

P. O. Address 319 So 10th St Joseph

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, above space should be left blank.