

REC'D JUN 8 1939

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

17490

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
(b) Township Law Primary Registration District No. 1002
(c) City Jackson City 1 (d) Street No. 2826 Jarboe 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 22 yrs. mos. ds. 60 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2826 Jarboe 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 Frances Christian Kirk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 1 28

OCCUPATION 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) Pattonsburg Missouri

FATHER 13. NAME Wm Henry Kirk 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Mo

MOTHER 15. MAIDEN NAME Lou Iza Copeland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo

17. INFORMANT Mrs Frances Kirk
(ADDRESS) 2826 Jarboe

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE May 6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) M. Deweaver
Brush Creek & Co.

20. FILED May 5 1939 M. M. Crow
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1939

22. I HEREBY CERTIFY that I attended deceased from Respiratory Cancer

I last with Respiratory Cancer on May 4 1939 Death is said to have occurred on the date stated above, at 8:35 P.M.

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

Carcinoma of the ascending colon
Perforation of the cecum Date of onset

Other contributory causes of importance:
White generalized peritonitis

Name of operation 46 Date of Yes

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 Below

(Signed) Wm H. Kirk M. D.

(Address) Swamp: H. P. Moo

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address Kansas City, 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, above space should be left blank.