

DEC 15 1939

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

39608
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 316
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 827
 (c) City SPRINGFIELD (d) Street No. 19806 N. Warren St.
 (e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Infant of Thomas L. & Clara Kirkpatrick
 (a) Residence, No. R-10 Springfield, Mo. (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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Premature

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-14-1939

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>0</u>	<u>0</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Still

9. Industry or business in which work was done, as saw mill, bank, etc. Still

10. Date deceased last worked at this occupation (month and year) 11/14/39 (Total time (years) spent in this occupation) 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

13. NAME Thomas L Kirkpatrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York Mo

15. MAIDEN NAME Clara Viola Bur. Knorr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherry Hill Kan.

17. INFORMANT (ADDRESS) Thomas L Kirkpatrick R-10 City

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE 11-14-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dean Funeral Springfield Mo

20. FILED Nov. 14 1939 Chas. H. George Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-14-1939

22. I HEREBY CERTIFY, That I attended deceased from 11/14/39 to 11/14/39
 I last saw h. alive on 11/14/39 Death is said to have occurred on the date stated above, at 2:30 pm.
 The principal cause of death and related causes of importance were as follows:
Premature Birth
Still Born

Other contributory causes of importance:

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) Chas. H. George M. D.
 (Address) Springfield Mo.

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 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, above space should be left blank.