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.

DEC 18 1939

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

40086
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette — Registration District No. 464

(b) Township — Primary Registration District No. 4277 — Registered No. 50

(c) City Odessa — (d) Street No. ..... 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 75 yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 621 John Kirkpatrick

(a) Residence, No. ..... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cassie Kirkpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 22 1856

7. AGE: YEARS 83 — MONTHS 2 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
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): Odessa, Mo.

FATHER
13. NAME: John Kirkpatrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Debora Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): J. P. Powell, Odessa, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Odessa, Mo. — DATE: 11/21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): L. C. Husman, Odessa, Mo.

20. FILED 11/21, 1939 Mrs E. M. Goodwin, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1939, to Nov 18, 1939
I last saw him alive on Nov 18, 1939. Death is said to have occurred on the date stated above, at 7:15 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of jaw

Date of onset

Other contributory causes of importance: 4 5

Name of operation: Clinical — Date of .....
What test confirmed diagnosis? ..... 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) R. L. Schooley, M. D.
(Address) Odessa, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12/6/39

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. Irving L. Hausman

Licensed Embalmer No. 7541

P. O. Address Odessa Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.