

FILED MAR 11 1940
399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1002

5668

State File No. _____

Registrar's No. **893**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
1832 Broadway 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 years
years, months or days)

8. (a) PRINT FULL NAME 602 S. Samantha Birkus

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married divorced Widowed

6. (b) Name of husband or wife Charles Aron Birkus 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 12 1957
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Carroll Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____

12. Name S. M. Gentry
18. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Finney Wisk
15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Belle Dyer

(b) Address Kansas City Mo

17. (a) ~~Residence~~ Removal (b) Date thereof Feb 29 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Carroll county Ark.

18. (a) Signature of funeral director H. G. Marton

(b) Address Curka Springs Ark.

19. (a) 2-28-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Carroll
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th
year 1940 hour 5: minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 23
1940 to Feb. 27, 1940
that I last saw her alive on Feb. 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, influenza

Due to Influenza 110

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury 1 mile

23. Signature H. Stealy (M. D. or other) MD
Address 424 Professional Bldg Date signed 2/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Kenneth Ray Sipe

Licensed Embalmer No.

4125

P. O. Address

1309 Birch Creek K.C. 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.