

JUN 6 1940
Registration District No. 818

State File No. _____
Primary Registration District No. 5762 4494
Registrar's No. 78

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME James Russell Kirkpatrick

3. (b) If veteran, name war X X X 8. (c) Social Security No. X X X

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

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

7. Birth date of deceased Sept. 25 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 5 If less than one day
hr. _____ min. _____

9. Birthplace Diehlstadt Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Postmaster

11. Industry or business At Post-office

12. Name Alfred Kirkpatrick

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Russell

16. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lela Fields

(b) Address Diehlstadt, Missouri

17. (a) Burial (b) Date thereof 5-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maynard Cem. Diehlstadt

18. (a) Signature of funeral director Lair-Nunnelee Service

(b) Address Charleston, Mo. 1590

19. (a) 5-2-40 (b) J. A. Vermin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Diehlstadt
(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 May day 30
1940 year hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 24, 1940 to May 30, 1940
that I last saw him alive on May 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerosis
Duration 2 mo

Due to _____
Due to 92 W

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

Major findings: _____
Of operations _____
Of autopsy no

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) (e) Means of injury _____
23. Signature C. O. Russell (M. D. or other) _____
Address Charleston Mo Date signed 5-31-40

RECEIVED

District Health Officer No. 2

District File Number 640-108

Date Filed 6/15/40

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 John F. Hummel Jr.
Licensed Embalmer No. 3851
P. O. Address Charleston

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.