No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25088

State File No.

Registration District No. 284 Primary Registration District No. 5404B Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin MO

(b) ~~City or town~~ Near Holcomb. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home of Son
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community most of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin

(c) City or town Holcomb. Mo. "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.

3. (a) PRINT FULL NAME Henry J. Kirkpatrick

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bell Kirpatrich

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan. (Month) 28 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	4	29	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name James Kirkpatrich
13. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Fannie Legan
15. Birthplace Uk. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Wife
(b) Address Holcomb Mo. "Rural"

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Stanfield

18. (a) Signature of funeral director Landers Funeral Home
(b) Address campbell Mo.

19. (a) Aug 10th (Date received local registrar) (b) 1940 J. A. Anderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1940 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 6-26- 1940, to 6-27 1940; that I last saw him alive on 6-27-40 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Dysentery - type indeterminate

Due to probably bacillary

Due to

Other conditions 13 B
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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? 25 (Specify type of place)

While at work? (e) Means of injury

23. Signature J. H. Kerr (M. D. or other)

Address Kennett, Mo. Date signed 7-8-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 840-134
Date Filed 8/12/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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