No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25921

Registration District No. 653 Primary Registration District No. 205865 Registrar's No. 67

FILED AUG 28 1940

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

1. PLACE OF DEATH:
(a) County Pemiscot Comr
(b) City or town Portageville Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 4 ~~years~~ months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Portageville RR 2
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Lois Kirkwood
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March (Month) 3 (Day) 1940 (Year)

8. AGE: Years | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace Near Portageville (City, town, or county) Mo (State or foreign country)
10. Usual occupation Infant
11. Industry or business 9
FATHER
12. Name Loyd Ross
13. Birthplace Not Known (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Mary Beulah Kirkwood
15. Birthplace (City, town, or county) Alabama (State or foreign country)
16. (a) Informant Jack Kirkwood
(b) Address Portageville Mo R5
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville
18. (a) Signature of funeral director Family
(b) Address
19. (a) 7/19/40 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-18 day 1940
year hour 11 minutes 30 A M.
21. I hereby certify that I attended the deceased from 7/15/40
, 19 , to , 19 ;
that I last saw her alive on 7/15, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Microsomes	1 mo
Due to Congenital Lues (Not proved except clinically)	
Due to	
Other conditions (Include pregnancy within 3 months of death) 34	
Major findings: Of operations	
Of autopsy	

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?
946 (Specify type of place)
While at work? (e) Means of injury
23. Signature O C Castle (M. D. or other) MD
Address Carnthusville Date signed 7/18/40

(Licensed Embalmer's Statement on Reverse Side)

8-40-5

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 wi the above constitutes grounds for revocation of license.)

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