

Registration District No. **420**

Primary Registration District No. **54 33**

Registrar's No. **118**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Mount Vernon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **48 days**
In this community **48 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain**
(c) City or town **Vandalia**
(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 **Orpha Ellen Kirks**

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

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

6. (b) Name of husband or wife **Ward Kirks** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased: **January 18th 1913**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 8 8 hr. min.

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

10. Usual occupation **Factory Worker**

11. Industry or business **Garment**

12. Name **Ed. Monroe Henry**

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

14. Maiden name **Mildred Ann Taylor**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**

(b) Address **Missouri State Sanatorium**

17. (a) **Burial** (b) Date thereof **Sept. 27, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Vandalia Mo.**

18. (a) Signature of funeral director **W. S. Waters**

(b) Address **Vandalia Mo.**

19. (a) **Sept 25, 1940** (b) **P. A. HOLMES**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **25th**
year **1940** hour **1:50** minute **A** M.

21. I hereby certify that I attended the deceased from **August 8th**, 19**40**, to **Sept. 25th**, 19**40**;
that I last saw her alive on **Sept. 24th**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary T.B.** Duration **Three months**

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy **no**

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? _____

421 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature **Paul H. W. ...** (M. D. or other) _____
Address **Mo. Vandalia Mo** Date signed **9-25-40**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 3,

District File Number 1040-2751

Date Filed OCT 17 1940

JUN 10 1956

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 W. B. Waters

Licensed Embalmer No.....

P. O. Address Vandalia, 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.