

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

41780  
Do not use this space.

1. PLACE OF DEATH **JAN 25 1941**  
 (a) County Bellinger Registration District No. 69  
 (b) Township Waynes Primary Registration District No. 5708  
 (c) City near Galena, Mo. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NOAH LEONARD KIRKPATRICK  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
Bellinger County (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Kirkpatrick</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 12, 1882</u>				
7. AGE	YEARS <u>58</u>	MONTHS <u>10</u>	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) _____			
				11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellinger County, Wagon, Mo.</u>				
FATHER	13. NAME <u>George Kirkpatrick</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellinger Co. Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Maudy Petersen</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
17. INFORMANT <u>Annie Kirkpatrick</u> (ADDRESS) <u>Galena, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Club Creek Co. Mo.</u> DATE <u>Dec. 24, 1940</u>				
19. FUNERAL DIRECTOR (NAME) <u>Ray S. Morgan</u> (ADDRESS) <u>Advance, Mo.</u>				
20. FILED <u>124</u> 1940 <u>Mrs. Jewell Berry</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec. 23, 1940</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct</u> , 1940, to <u>Dec. 23</u> , 1940 I last saw him alive on <u>Dec. 18</u> , 1940 Death is said to have occurred on the date stated above, at <u>7:15 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic Endocarditis</u> Date of onset _____ Other contributory causes of importance: <u>92K</u>	
Name of operation _____	Date of _____
What test confirmed diagnosis? _____	Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____	
Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>E. C. Masters</u> M.D. (Address) <u>Advance, Mo.</u>	

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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 with the above constitutes grounds for revocation of license.)**

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