No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 43964

Registrar's No. 2325

96

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Afton, R. R. #18
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. #18 Afton, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town 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.? 0 years.

3. (a) PRINT FULL NAME Verna Kirkpatrick
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 31 (Day) 1880 (Year)

8. AGE: Years 60 Months 10 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James B. Cleland
13. Birthplace (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Margaret Damichall
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Margaret L. Holst
(b) Address R.R. #18, Afton, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/10/40 (Month) (Day) (Year)
(c) Place: burial or cremation Kokomo, Ind.
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address Kirkwood, Mo.
19. (a) DEC 9 1940 (Date received local registrar) (b) K. Meyer MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1940 hour 1 minute P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rupture of aorta 1½ inch from the heart	12/8/40
Due to	
Due to 96	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Rupture of aorta in M D.	

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? (Specify type of place)
While at work? (e) Means of injury 5
23. Signature Louis H. Bopp (M.D. or other) Coroner
Address Kirkwood, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H Bopp, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Richwood

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, fact should be so stated above.