

13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1545

Registration District No. / Primary Registration District No. / Registrar's No. 32

1. PLACE OF DEATH: Adair
(a) County: Adair
(b) City or town: Kirksville
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution 87 Years
In this community: 87 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville
(d) Street No.: 402 North Franklin St.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME: Lace S. Virden
3. (b) If veteran, name war: / 3. (c) Social Security No.:

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 28 year 1941 hour 11:30 minute 6 A.M.
21. I hereby certify that I attended the deceased from Dec 22, 1940 to Jan 23, 1941

4. Sex: Male 5. Color or race: white 6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Unk 6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. 14 1850 (Month) (Day) (Year)

that I last saw her alive on Jan 23, 1941 and that death occurred on the date and hour stated above.
Immediate cause of death: Spontaneous Apoplexy of Heart

8. AGE: Years 90 Months 11 Days 15 If less than one day hr. min.

Due to: / Duration
Other conditions: (Include pregnancy within 3 months of death) /

9. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)
10. Usual occupation: day labor

Major findings: Of operations: / Of autopsy: / PHYSICIAN: / Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name: Harom Virden Virden 13. Birthplace: unknown 14. Maiden name: unknown 15. Birthplace: unknown

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? / (d) Did injury occur in or about home, on farm, in industrial place, in public place? /

16. (a) Informant: Mrs. Earl Derrickson (b) Address: 403 Vermont St. Quincy Ill.
17. (a) burial (b) Date thereof: Jan. 31 -41 (c) Place: burial or cremation: Shibley's Point Cemt.

While at work? / 23. Signature: / (M. D. or other) / Address: / Date signed: /

18. (a) Signature of funeral director: / (b) Address: /
19. (a) Feb 14 41 (b) Spencer L. Freeman (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-389

Date Filed FEB. 19. 1941

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.....

Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirkville 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, fact should be so stated above.