

No. 2  
13-40  
17-39  
X23159

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

FILED MAY 10 1941

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 215 St. Charles St. /  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution None  
(If not in hospital or institution, write street number or location)

In this community 60 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 215 St. Charles St. 5  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME Lucindia Kirkpatrick

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1941 hour 6 minute 15 A.M.

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased May 1852  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-8, 1941, to 4-8, 1941.

that I last saw him alive on 4-8, 1941, and that death occurred on the date and hour stated above.

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

88 11 7 hr. \_\_\_\_\_ min.

Immediate cause of death: Ch. myocarditis

Duration \_\_\_\_\_

9. Birthplace Schyler Co. / Illinois  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Housewife

11. Industry or business Home

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER { 12. Name No Record

13. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Morris McGown (Nephew)

(b) Address Joplin, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 4-15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director there but und to.

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 4-14-41 (b) Ed James  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) [Signature]

Address Joplin Date signed 4/14/41

41-5-450

---

---

**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 Sam E. Sencerney

Licensed Embalmer No. 4099

P. O. Address Joplin MO

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**