No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16047

Registration District No. 827 Primary Registration District No. 6089 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Shelby

(b) ~~City or town~~ ~~Rural~~ - Clay township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Rural - Clay township
(If outside city or town limits, write "RURAL")

(d) Street No. Near, Leonard Mo. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Hugh Kirkwood

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 14th (Day) 1856 (Year)

8. AGE: Years 84 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Shelbyville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Robert Kirkwood
13. Birthplace (City, town, or county) Scotland 4 (State or foreign country)

MOTHER
14. Maiden name Margret Kirkwood
15. Birthplace (City, town, or county) Scotland 4 (State or foreign country)

16. (a) Informant Mrs Otis Bradley
(b) Address Leonard Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12th (Month) (Day) (Year) 41
(c) Place: burial or ~~cremation~~ Maplewood - Clarence Mo 751

18. (a) Signature of funeral director Million & Barkelew
(b) Address Clarence Mo

19. (a) 4-26-'41 (Date received local registrar) (b) Roy Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 8 1941, to to Apr 9 1941;
that I last saw him alive on Apr 9 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency

Due to Chronic Nephritis & Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature S L Simpson (M. D. or other) DO
Address Shelbina Mo Date signed Apr 24 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-41-920
Date Filed MAY 14 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 Henry A. Barkelew

Licensed Embalmer No. 3835

P. O. Address Shelburne, N.

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

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