

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 242

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
603 South High Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 42 yr.
 years, months or days)

3. (a) PRINT FULL NAME Rebecca Idella Kirk

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John R. Kirk 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 27 1855
 (Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Delaware, Co Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name James Dixson Burns

13. Birthplace Mufflin Co., Pennsylvania
 (City, town, or county) (State or foreign country)

14. Maiden name Maria Louise Gilbreath

15. Birthplace Hillsborough Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Todd Kirk,
 (b) Address Kirksville Mo.

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

(c) Place: burial or cremation Maple Hill Cemt.

18. (a) Signature of funeral director Beverly

(b) Address Kirksville Mo.

19. (a) Aug 25/41 (b) Spencer L. Freeman
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirksville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 603 South High St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
 year 1941 hour 7:00 A. M.

21. I hereby certify that I attended the deceased from Aug. 10th 1941 to Aug. 15th 1941
 that I last saw her alive on Aug. 13. 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions Senility - 92
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____ Means of injury _____

23. Signature Spencer L. Freeman M. D. or other MD
 Address Kirksville, Mo. Date signed 8/27/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

15000

Aug 29 1944

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 Mrs. Laura Riley
Licensed Embalmer No. 3907
P. O. Address Kirksville Mo

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

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