No. 2
1-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1945

Registration District No. 1605

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4697

State File No. 38066

Registrar's No.

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Stockton 4.100
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether years, months or days)
In this community X

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar 201
(c) City or town Stockton 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. X
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Russel Curtis Kirkpatrick
3. (b) If veteran, name war
3. (c) Social Security No. 500-10-9160
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Kirkpatrick
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased April (Month) 24 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
43	6	19	X hr. X min.

9. Birthplace Cedar Co. (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business X

MOTHER FATHER
12. Name Willis Kirkpatrick
13. Birthplace Cedar County (City, town, or county) X 0 (State or foreign country)
14. Maiden name Ida B. Burton
15. Birthplace Dade County (City, town, or county) X 0 (State or foreign country)

16. (a) Informant Willis Kirkpatrick
(b) Address Stockton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Alder Cemetary
18. (a) Signature of funeral director W. C. Davis & Co.
(b) Address Stockton, Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14 year 1941 hour 11 minute 10 P.M.
21. I hereby certify that I attended the deceased from Nov. 10, 1941, to Nov. 14, 1941, that I last saw him alive on 11/14/41, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	11 Days
Due to Myocarditis	11 days
Due to Pericardial effusion	5 days
Other conditions Chronic alcoholism (Include pregnancy within 3 months of death)	10 yrs.

Major findings:
Of operations None
Of autopsy made

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) 0
While at work? (e) Means of injury

23. Signature C. E. Bennett (M. D. or other) M.D.
Address Stockton Date signed 11/17/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-41-1964
Date Filed 12-4-41

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 Melvin Chunch

Licensed Embalmer No. 3272

P. O. Address Stockton Mo

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

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