

Registration District No. 159 Primary Registration District No. 5224 Registrar's No. 19

1. PLACE OF DEATH: Cass Polk 7th  
(a) County \_\_\_\_\_  
(b) City or town Strasburg Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Cass 19  
(c) City or town Pleasant Hill Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 3  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Prinzewitt Kirkendall  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 202-14-6923

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 27  
year 1941 hour 5 minute about 15 M.

4. Sex MO 5. Color or race Wk 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Hyacinth Kirkendall 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased July 14 - 1904  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

8. AGE: Years 37 Months 5 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death skull fracture, broken arms, broken legs, instant death  
Due to hit by train

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

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

10. Usual occupation Signal Maintainer  
11. Industry or business Mo Pac RR

169.8  
20

MOTHER FATHER  
12. Name Ross E. Kirkendall  
13. Birthplace Marysville Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Yates  
15. Birthplace Washington Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Hyacinth Kirkendall  
(b) Address Pleasant Hill Mo  
17. (a) Removal (b) Date thereof 12/24/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bismarck Mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence Dec. 27, 1941  
(c) Where did injury occur? 1/2 mi West of Strasburg  
(City or town) (County) Cass Mo  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Mo Pac RR right of way  
While at work? Yes (Specify type of place) (e) Means of injury 3

18. (a) Signature of funeral director D. D. Noe  
(b) Address Pleasant Hill Mo  
19. (a) 12/31/41 (b) W Beckman  
(Date received local registrar) (Registrar's signature)

23. Signature Eldersley Mo (M. D. or other) 3  
Address Harrisonville Date signed 12/27/41

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

19  
0  
0

28

JAN 13 1942

JAN 29 1942

**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.....

*R. P. Nofsinger*

Licensed Embalmer No. *3958*

P. O. Address.....

*Deseret Hill*

**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.**