

No. 2
1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41736

JAN 9 1942

Registrar's No. 113

Registration District No. 272

Primary Registration District No. 5377

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Benton
(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 Missouri (b) County Douglas 34
(c) City or town Ava 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.....
(If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Sarah Lucinda Kirk

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

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

6. (b) Name of husband or wife William Kirk 6. (c) Age of husband or wife if alive unkn own years

7. Birth date of deceased. Dec. 26 1873
(Month) (Day) (Year)

8. AGE:		Years		Months	Days	If less than one day
		68	11	16		hr. min.

9. Birthplace Almartha, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Operating Hotel

11. Industry or business.....

12. Name Perry Miller

13. Birthplace Little Creek Missouri (City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Parnell

15. Birthplace Ozark Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant..... (b) Address.....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-41 (Month) (Day) (Year)

(c) Place: burial or cremation Herndon

18. (a) Signature of funeral director Clinkingbeard Funeral Home (Specify type of place) (b) Address Ava, Missouri (c) Means of injury.....

(b) Thelma S. Waters (Registrar's signature)

19. (a) 12/30/41 (Date received local registrar) (b) Thelma S. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1941 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 8 1941 to Dec 12 1941 that I last saw her alive on Dec 12 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart disease

Duration 10 days

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 938

Major findings: Of operations.....

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

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?.....

Home While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature P. M. Norman (M. D. or other)

Address Ava Mo Date signed Dec 13/41

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

4000

110

#P

1056

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. M. Norman

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 *W. B. Hutchison*
Licensed Embalmer No. *3431*
P. O. Address *Gainesville*

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.