. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1813

Registration District No. 89 Primary Registration District No. 5131 Registrar's No. 481

12
0
0

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

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town RURAL (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 1 YEAR years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12

(c) City or town RURAL (If outside city or town limits, write "RURAL") 0

(d) Street No. 7 MI S. POPLAR BLUFF MO (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE KIRK

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LORA KIRK

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased MAR (Month) 15 (Day) 1870 (Year)

8. AGE: Years 71 Months 9 Days 4 If less than one day hr. min.

9. Birthplace BOLLINGER CO (City, town, or county) O MO (State or foreign country)

10. Usual occupation FARMER

11. Industry or business —

FATHER
12. Name WILLIAM KIRK
13. Birthplace (City, town, or county) O MO (State or foreign country)

MOTHER
14. Maiden name PURSIAD DARNELL
15. Birthplace (City, town, or county) O MO (State or foreign country)

16. (a) Informant Mrs Lora Kirk

(b) Address RFD #4 Poplar Bluff MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof DEC 20-1941 (Month) (Day) (Year)

(c) Place: burial or cremation TAYLOR CEM.

18. (a) Signature of funeral director N. T. Phelps

(b) Address Poplar Bluff MO

19. (a) 12-29-41 (Date received local registrar) (b) Bella Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 19 year 1941 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from Dec. 15, 1941, to Dec. 19, 1941; that I last saw him alive on Dec. 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	16 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 108	

Major findings:
Of operations
Of autopsy

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 0

23. Signature F. L. Kneibert (M. D. or other)

Address Poplar Bluff MO Date signed 12/30/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 142-44
Date Filed 1-16-42

FEB 4 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address .....

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.