S. No. 2
—1-4-41
5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6693

Registration District No. 316 Primary Registration District No. 5435 Registrar's No.

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural Boone Township
(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 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39

(c) City or town Rural Boone township
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Matilda Francis Kirk

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife W. A Kirk

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

7. Birth date of deceased October (Month) 8 (Day) 1853 (Year)

8. AGE: Years 88 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Edward Carnog
13. Birthplace (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Matilda Worley
15. Birthplace (City, town, or county) Penn (State or foreign country)

16. (a) Informant Sam Kirk
(b) Address Phenix Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Gene A Brim
(b) Address Walnut Grove Mo

19. (a) 3-6-42 (Date received local registrar) (b) J W Birch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1942 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from Oct to Feb 27th 1942
that I last saw her alive on Feb 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Probably Coronary Thrombosis on Feb 27 Heart Block

Due to was very Evident

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 940

Of autopsy none

Duration

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

23. Signature J. J. Barber M.D. (M. D. ~~or other~~)
Address Walnut Grove Mo. Date signed 3-6-42

1254

(Licensed Embalmer's Statement on Reverse Side)

Greene County, Mo.

County File Number 42-3-34

Date Filed 3/10/43

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 J. O. Birch

Licensed Embalmer No. 8856

P. O. Address Ash Grove Mo

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.