

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7255

State File No. _____

Registrar's No. 18

FILED MAR 16 1942
Registration District No. 1579

Primary Registration District No. 4323

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Palmira
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Palmira
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CURTIS KIRKHAM

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

7. Birth date of deceased Jan. 1 - 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days - If less than one day _____ hr. _____ min.

9. Birthplace Lewis Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER { 12. Name J. R. Kirkham
13. Birthplace Lewis Co. Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Artemus Ueack
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Crystal Kirkham
(b) Address Palmira Mo.

17. (a) Burial (b) Date thereof 3-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maywood Mo. Salvation Cen.

18. (a) Signature of funeral director E. J. Spague
(b) Address Palmira Mo.

19. (a) 3-2-42 (b) Mrs. Margaret Maddy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1942 hour 5:45 minutes _____
21. I hereby certify that I attended the deceased from February 12, 1942 to March 1, 1942

and that death occurred on the date and hour stated above.
that I last saw him alive on March 1, 1942

Immediate cause of death Heart trouble and dropsy

Due to Also a uremia and some cerebral pressure

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. J. H. Stultman (M. D. or other) _____
Address Palmira Mo Date signed 3/3/42

2010

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.....

E. J. Sprague

Licensed Embalmer No.....

3248

P. O. Address.....

Palmyra 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7255

Registration District No. 548

Primary Registration District No. 4323

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Palmira
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Curtis Kirkham

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Jan 1 1942
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days _____
(If less than one day _____ min.)

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

10. Usual occupation _____
11. Industry of business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

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

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I have seen him/her live on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Chronic Paronychia -
metatarsal Nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other)
Address _____ Date signed _____

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

SUPPLEMENTARY

