

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25413

State File No.

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 114

97
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline 97

(c) City or town Marshall mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. 534 no Elmwood 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gilbert Wm Kirchhoff

(b) If veteran, name war no

(c) Social Security No. 488-26-387

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1942 hour 16 minute 30 P. M.

21. I hereby certify that I attended the deceased from held in quest July 12, 1942 that I last saw h. L alive on July 12, 1942 and that death occurred on the date and hour stated above.

4. Sex mal 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased: March 8 1921
(Month) (Day) (Year)

Immediate cause of death: Accidental drowning

Due to Injuries to chest when surprised in water

Due to _____

Other conditions (Include pregnancy within 3 months of death) 183-3

8. AGE: Years Months Days If less than one day

21 4 4 _____ hr. _____ min.

Major findings: 183-3
Of operations 36

Of autopsy Geo. injury to chest left side

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Truck Driver

11. Industry or business _____

MOTHER FATHER {

12. Name Robert Kirchhoff

13. Birthplace Cascadia mo
(City, town, or county) (State or foreign country)

14. Maiden name Ann

15. Birthplace Burnswek mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Robert Kirchhoff

(b) Address Marshall mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Blackburn mo

18. (a) Signature of funeral director Don Short

(b) Address Marshall mo

19. (a) 7-13-1942 (Date received local registrar) (b) MO. T. O. Whetham (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence July 12, 1942

(c) Where did injury occur? 897
(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 Saline Co.

23. Signature C. L. Lawler (M. D. or other) Address Marshall mo Date signed 7-12-42

RECEIVED

District Health Officer No. 8,

District File Number ~~8~~-----

Date Filed 8-11-42-----

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 Donald W. Short-----

Licensed Embalmer No. 3757-----

P. O. Address Marshall-----

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.