

S. No. 2
M-1-4-41
ev. 5-17-39
K26390

28046

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 15 1942

Registration District No. 201

Primary Registration District No. 6032

Registrar's No. 1841

91
0
0

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

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Doniphan Route #1
(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 Ripley 91

(c) City or town Doniphan Mo Route #1
(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 _____ 0

3. (a) PRINT FULL NAME Lula Bell Kirkley

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1942 hour _____ minute 4:20 P.M.

4. Sex F 1 5. Color or race W 2

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

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

7. Birth date of deceased April 2 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 9 1942 to July 9 1942
that I last saw u alive on July 9 1942
and that death occurred on the date and hour stated above. 1942

8. AGE: Years 73 Months 3 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death Pulmonary Tuberculosis Duration _____

9. Birthplace Ripley Co MO
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation House work

Other conditions (include pregnancy within 3 months of death) 38

11. Industry or business own home

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Geo. S. Stein

(b) Address Doniphan, Mo Route #1

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

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

17. (a) Burial (b) Date thereof 7-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

(b) Date of occurrence _____

18. (a) Signature of funeral director Bragg Funeral Home

(b) Address Walnut Ridge, Mo

(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? _____

19. (a) 7-11-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Doniphan, Mo Date signed 7-9-42

614

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 942835

Date Filed 9-14-42

This body was taken to Walnut Ridge, Arkansas to lie in state at the home of a son who lives there prepared for burial upon arrival at Walnut Ridge.

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.....

Anyone else....., Registered Apprentice No.....
working under my personal supervision *in the State of Mo.*

Signed *W. C. Bryan*
Ark - Licensed Embalmer No. *487*
P. O. Address *Walnut Ridge*

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.