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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 408 Primary Registration District No. 5562 Registrar's No. 191

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Marion Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #4, Carthage /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural - Marion Township 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Route #4, Carthage
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie Alice Kirk

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife David Allen Kirk

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 21st, (Day) 1881 (Year)

8. AGE: Years 61 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Mound City, (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

FATHER
12. Name Geo. Combs
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. David A. Kirk
(b) Address Route #4, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Harmony Grove Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 S. Garrison Carthage, Mo.

19. (a) Sept. 5, 1942 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

1203

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th, year 1942 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from Apr 28 1942, 19 to Sept 4, 1942
that I last saw her alive on Sept 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death No. 96 (International list of causes of death) Bundle branch block — Duration 4 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 96

Major findings: Of operations None

Of autopsy None

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 H E Byrd M4 (M. D. or other)
Address Carthage Mo Date signed 9-5-42

(Licensed Embalmer's Statement on Reverse Side)

42-9-797

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.....

Licensed Embalmer No. 2222

P. O. Address Carthage

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.