No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

Registration District No. 13

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5136

State File No. 5920

Registrar's No. 45

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Rural - Harviell Beaver (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 miles W. of Poplar Bluff (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Left
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo.
(b) County: Butler
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 7 miles W. of Poplar Bluff (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Patsy Ileen Kirk
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: S.
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Mar (Month) 15 (Day) 1937 (Year)

8. AGE: Years	Months	Days	If less than one day
5	10	20	hr. min.

9. Birthplace: Harviell (City, town, or county) Mo (State or foreign country)
10. Usual occupation: —
11. Industry or business: —
MOTHER FATHER
12. Name: Daniel Kirk
13. Birthplace: Butler Co. (City, town, or county) Mo (State or foreign country)
14. Maiden name: Ida Daughtee
15. Birthplace: Butler Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Ida Kirkley
(b) Address: Naylor, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Kinzie Cemetery
18. (a) Signature of funeral director: M. Jamie Graf
(b) Address: Naylor, Mo.
19. (a) 2-6-43 (Date received local registrar) (b) Belle Kinney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1943 hour 4 minute p. M.
21. I hereby certify that I attended the deceased from Feb 5, 1943, to Feb 5, 1943, that I last saw her alive on Feb 5, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: diphtheria — Duration: 10
Due to:
Due to:
Other conditions: none (Include pregnancy within 3 months of death)
Major findings: Of operations: none
Of autopsy: no

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: H E White (M. D. or other)
Address: Naylor Mo Date signed 2/5/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 243-272
Date Filed 2-3-43

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 B. C. McCord

Licensed Embalmer No. 4079

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.