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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10407

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 8

1. PLACE OF DEATH:
(a) County: Iron
(b) City or town: Ironton
(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 years, months or days)
In this community: three months

2. USUAL RESIDENCE OF DEACESED: 004
(a) State: Mo. (b) County: 12
(c) City or town: St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Rolin Earl Kilpatrick
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: Divorced
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: January (Month) 29 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
57	1	21	hr. ____ min.

9. Birthplace: unknown (City, town, or county) Ohio / (State or foreign country)
10. Usual occupation: Engineer
11. Industry or business ____
FATHER
12. Name: John Kilpatrick
13. Birthplace: unknown (City, town, or county) Ohio / (State or foreign country)
MOTHER
14. Maiden name: Clara Whitcraft
15. Birthplace: unknown (City, town, or county) Ohio / (State or foreign country)
16. (a) Informant: Miss Virginia Kilpatrick
(b) Address: 34198 Orange Lawn Plymouth Mich.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Howe Ind.
18. (a) Signature of funeral director: Norman White & Sons
(b) Address: Geo. F. White Ironton Mo.
19. (a) 3-22-43 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 20th year: 1943. hour: 1:00 minute: a. M.
21. I hereby certify that I attended the deceased from: Dec. 25th 1943 to March 20th 1943, that I last saw him alive on: March 19th 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute cardiac failure	3/20/43
Due to: chronic myocarditis	7 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death): acute nero-pharyngitis	3/6/43

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 ____

23. Signature: R. E. Harland (M. D. or other) M. D.
Address: Ironton, Mo. Date signed 3/22/43

1283

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 443-2088

Date Filed 4-12-43

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 Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Groton Mass.

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.