

S. No. 2
4-54-1
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11439

State File No. _____

Registrar's No. 574

FILED APR 15 1948

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH: St. Louis County
 (a) County Manchester, Missouri
 (b) City or town _____
 (c) Name of hospital or institution: Pine Crest Homes 4 Div. 2
 (d) Length of stay: 8 Days
 In this community 8 days

2. USUAL RESIDENCE OF DECEASED: 95
 (a) State Missouri (b) County Herzoi
 (c) City or town Rural
 (d) Street No. _____
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Abraham Lincoln Kirk
 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 Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years About 80 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace North Carolina (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name John Kirk
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Sarah ?
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant John Kirk

(b) Address Herzol, Missouri

17. (a) St. Louis, Mo (b) Date thereof 2-8-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis mo

18. (a) Signature of funeral director St. Louis

(b) Address _____

19. (a) MAR 9 1948 (b) Edm. Doran MD
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day MONDAY
 year 1943 hour Eleven minute 05 A.M.
 21. I hereby certify that I attended the deceased from February 27th, 1943 to Mar. 8th, 1943
 that I last saw him alive on March 7th, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
 Duration _____

Due to _____
 Due to _____
 Other conditions Atherosclerosis
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations 1/2
 Of autopsy _____
 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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature R. H. Jensen (M. D. or _____)
 Address Manchester Mo Date signed 3/8/43

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

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.....

P. O. Address.....

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.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 574

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Manchester
(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
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Crawford

(c) City or town Huzzah
(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.....

3. (a) PRINT FULL NAME Abraham Lincoln Kirk

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
to.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration.....

4. Sex m 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.....
(Month) (Day) (Year)

8. AGE: Years about 80 Months..... Days.....
If less than one day hr..... min.

9. Birthplace N.C.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant John Kirk

(b) Address Huzzah, mo.

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b) C. B. M. Garrison
(Date received local registrar) (Registrar's signature)

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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?.....

While at work?.....
(Specify type of place) (e) Means of injury

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

MOTHER FATHER

S-11439