

Registration District No. **340**

Primary Registration District No. **6152**

Registrar's No. **28**

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

1. PLACE OF DEATH:

(a) County Stoddard  
 (b) City or town Rural Liberty township  
 (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)

3. (a) PRINT FULL NAME FRANKIE KIRKMAN

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

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased June 1 1943  
 (Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

12. Name Irvin J Kirkman

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

14. Maiden name Muth Parish

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

16. (a) Informant Irvin J Kirkman

(b) Address Berme MO

17. (a) (Burial, cremation, or removal) (b) Date thereof June 5 1943  
 (Month) (Day) (Year)

(c) Place: burial or cremation Berme Cemetery

18. (a) Signature of funeral director Duncan Samuel Hays

(b) Address Berme MO

19. (a) 6-30-43 (b) Cordelia Miller  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Stoddard  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3 miles north of Berme MO  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day Fourth  
 year 1943 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 4:30 P.M.  
June 4 1943, to 9:00 P.M. 1943,  
 that I last saw h. l. n. alive on 9:00 P.M. June 4 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Bronchopneumonia Duration 24 hr.

Due to..... Primary

Due to.....

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

Major findings: Of operations..... 107

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 2

23. Signature F O Kelly D.O. (M.D. or other)  
 Address 13 or 157 Berme MO Date signed 6/5/43

88

5210

ONE

RECEIVED

District Health Office No. 2,

District File Number 743-939

Date Filed 7-23-43

*Surf*

**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.

*Walter Miller*

*7-30-43*