

No. 2
1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34734

State File No. _____
Registrar's No. 884

X26390

FILED NOV 9 1943 128
Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County. GREENE

(b) City or town. SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 938 E. CHESTNUT
(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. GREENE 39

(c) City or town. SPRINGFIELD
(If outside city or town limits, write "RURAL") 67

(d) Street No. 938 E. CHESTNUT
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes name country. _____

3. (a) PRINT FULL NAME ALICE MARGRET KIRK

3. (b) If veteran. NONE name war. _____

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. VIRGIL KIRK

6. (c) Age of husband or wife if alive. 48 years 26 (Day) 1896 (Year)

7. Birth date of deceased. OCT 26 (Month) (Day) 1896 (Year)

8. AGE: Years 47 Months 0 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace. SPRINGFIELD MO. (City, town, or county) (State or foreign country)

10. Usual occupation. House wife

11. Industry or business. In home

12. Name. Jacob Hammons

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

14. Maiden name. Peter Miller

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

16. (a) Informant. Virgil Kirk

(b) Address. SPRINGFIELD MO.

17. (a) Burial (b) Date thereof. Oct 29-1943 (Month) (Day) (Year)

(c) Place: burial or cremation. East Lawn

18. (a) Signature of funeral director. J. W. Klingner & Co. SPRINGFIELD MO.

(b) Address. _____

19. (a) 10-28-43 (b) O. W. Haddy (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1943 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 31 1941 to Oct 27 1943 that I last saw her alive on Sept 29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of uterus and ovaries 14 yrs.

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 48 lbs

PHYSICIAN

Major findings: _____

Of operations. _____

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. W. T. Washburn (M. D. or other) _____

Address. Springfield Mo Date signed 10/25/43

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

MOTHER FATHER

934

(Licensed Embalmer's Statement on Reverse Side)

4/1/43

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..... *Ogden Stone Jr.*.....
Licensed Embalmer No. *4176*.....
P. O. Address *Springfield*.....

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.