

FILED DEC 17 1943

Registration District No. 10437

Primary Registration District No. 4256

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South Main Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 80 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. South Main Street,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME MR JOHN WILLIAM KIRKPATRICK

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

4. Sex male 5. Color or race cauc 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Ann Kirkpatrick 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased January 1, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 9 22 hr. min.

9. Birthplace Johnson County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business XXXX

12. Name John Kirkpatrick

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

14. Maiden name Mary Shuster

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

16. (a) Informant Ann Kirkpatrick

(b) Address Holden, Missouri.

17. (a) burial (b) Date thereof Oct. 25, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) Nov. 1943 (b) Mr Frank Morris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1943 hour 1201 minute P. M.

21. I hereby certify that I attended the deceased from April 3, 1943 to Oct 23, 1943
that I last saw him alive on Oct 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of angle of jaw
c metastasis

Due to _____
Due to _____

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

Major findings: Of operations 458
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 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 Kelly Rawlins (M. D. or other) Holden Mo
Address Holden Mo Date signed 11/5/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-13-43

JUL 24 1950

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

M. J. Canaday

Licensed Embalmer No.

3434

P. O. Address

Halden, Mo.

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.