

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 6 1944

Registration District No. 99

Primary Registration District No. 5374

Registrar's No. 188

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

1. PLACE OF DEATH:

(a) County... DeKalb

(b) City or town... Osborn Rural

(c) Name of hospital or institution: Colfax Hosp

(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... Missouri (b) County... DeKalb - 32

(c) City or town... Osborn Mo. Rural

(If outside city or town limits, write "RURAL")

(d) Street No. .... Colfax Hosp

(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country. .... 0

3. (a) PRINT FULL NAME... Cordelia Belle Kirk.

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

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

4. Sex... Female

5. Color or race... White

6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... E. J. Kirk.

6. (c) Age of husband or wife if alive... 75 years

7. Birth date of deceased... Dec 4. 1869

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	2	7	.....hr. ....min.

9. Birthplace... Maysville Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation... Housekeeping

11. Industry or business.....

MOTHER FATHER { 12. Name... William I. Meek.

13. Birthplace... Ill.

(City, town, or county) (State or foreign country)

14. Maiden name... Melvina Lipscomb

15. Birthplace... Ill.

(City, town, or county) (State or foreign country)

16. (a) Informant... Miss Elba Meek.

(b) Address... Osborn Mo.

17. (a) Burial (b) Date thereof... Feb 15 1944

(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director... F. J. Howard

(b) Address... Stewartville Mo.

19. (a) Feb 10 1944 (b) Emmangly

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Feb. day... 13

year... 1944 hour... 3 minute... 4 M.

21. I hereby certify that I attended the deceased from Feb. 9 1944 to Feb. 13 1944

that I last saw her... alive on... Feb. 9 1944

and that death occurred on the date and hour stated above.

Immediate cause of death... pericardial breast cancer

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

50

Duration

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?.....

While at work?..... (Specify type of place)

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

Address... Osborn Mo Date signed... 2/16/44

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**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..... *F. J. Lopez* .....

Licensed Embalmer No.....952.....

P. O. Address.....Stewartsville 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.**