

FILED JUL 10 1944

Registration District No. **1044**

Primary Registration District No. **5921-440's**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Bragg City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(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 Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Bragg City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elmer Kirk

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mattie 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 65 Months Days If less than one day hr. min.

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

10. Usual occupation Invalid

11. Industry or business None

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Kirk

(b) Address Bragg City, Mo.

17. (a) Burial (b) Date thereof 6-20-44 (Month) (Day) (Year)

(c) Place: burial or cremation Pontageville, Mo.

18. (a) Signature of funeral director J. L. Lange

(b) Address Caruthersville, Mo.

19. (a) 7-3-44 (b) Mrs. J. R. Cole (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18, year 1944 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from February 10<sup>th</sup> 1944 to June 8<sup>th</sup> 1944 that I last saw him alive on June 8<sup>th</sup> and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Hypertension  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration BEFORE 7/10/44

Other conditions (Include pregnancy within 3 months of death)

Major findings: 930  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) While at work? (c) Means of injury \_\_\_\_\_

23. Signature John H. Roberson (M. D.)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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 Jack Kelley  
Licensed Embalmer No. 3788  
P. O. Address Hayth 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.

6-44-137-9