

FILED JUN 19 1944

Registration District No. 378

Primary Registration District No. 3061

Registrar's No.

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

4
5
2

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 27 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL") 3

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ U

3. (a) PRINT FULL NAME Mrs. Rosa L. Kirk

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12
year 44 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1943
_____, 19____, to 5/21/44, 19____;
that I last saw him alive on 5/11/44, 19____;
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Mr. Geo. W. Kirk 6. (c) Age of husband or wife if 21 years
alive

7. Birth date of deceased: Oct. 5 1875
(Month) (Day) (Year)

Immediate cause of death: malignant interest

Due to lymphadenoma

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>7</u>	_____ hr. _____ min.

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings: 48 R

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace St. Francois, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Mr. John Tucker

12. Name Mr. John Tucker

13. Birthplace Lebanon, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ashley

15. Birthplace New York 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Dana Kirk (Son)

(b) Address Flat River, Mo.

17. (a) Burial (b) Date thereof May 14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Funeral Home, Mo.

18. (a) Signature of funeral director Alvin W. Roof

(b) Address 303 Cedar St Flat River, Mo.

19. (a) 0-72-44 (b) St. Francois, Mo.
(Data received local registrar) (Registrar's signature)

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 Dr. Alvin W. Roof (M. D. or other) 0

Address Flat River, Mo. Date signed 5/12/44

RECEIVED

District Health Officer No. 4
District File Number 644-3981
Date Filed 6-17-44

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 333 Crane St. Flat River, 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.