

V. S. No. 2
FORM—8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25460

State File No.

Registration District No.

Primary Registration District No. 3053

Registrar's No. 91

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla, Missouri
(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 Life
In this community Life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Shirley Roberta VanKirk
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race Wh
6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 21, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 2 hr. min.

9. Birthplace Rolla, Phelps Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name ALBERT FRANKLIN SMITH
13. Birthplace Phelps Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Edna VanKirk
15. Birthplace Rolla, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna VanKirk
(b) Address Rolla Mo.,

17. (a) Burial Macedonia (b) Date thereof July 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Macedonia

18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address 508 West 8th St.

19. (a) 7/24/1944 (b) J. E. Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. General Delivery
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1944 hour 4 minute PM M.
21. I hereby certify that I attended the deceased from 7-15
1944 to 7-23, 1944
that I last saw him alive on 7-15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera infantum
Duration 10 da.

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

Major findings: 119 a
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.....
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) (c) Means of injury
Signature E. E. Anderson
Address 508 3/4 West 8th St. Rolla Mo.
Date signed 7-23-44

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

81
22

1092

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.....

..... Licensed Embalmer No.

..... P. O. Address.....

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.

*Not embalmed
M. D. Y. Y. Y.*