No. 2
1—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 22 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9476

State File No.

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 50

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

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

(e) Citizen of foreign country? No. 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard Andrew Kirschner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Mildred

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Dec. 13 (Month) 1901 (Day) (Year)

8. AGE: Years 41 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Filling Station Operator

11. Industry or business

FATHER
12. Name John Kirschner
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Matzon
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Mildred Kirschner
(b) Address Eugene, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-45 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview

18. (a) Signature of funeral director Tanner Service
(b) Address 700 Jefferson

19. (a) 3-9-45 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1
year 45 hour 5 minute 5P M.

21. I hereby certify that I attended the deceased from 2-27, 1945 to 3-1, 1945
that I last saw him alive on 3/1, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	1 yr
Due to Interstitial Nephritis	
Due to Uremic Convulsions	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131a

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? (e) Means of injury

23. Signature M R Aldridge (M. D. or other) MD
Address J C Asso Date signed 3/3/45

894

(Licensed Embalmer's Statement on Reverse Side)

Aldrige

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-21-45

JUN 13 1952

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 [illegible]

Licensed Embalmer No. 3641

P. O. Address [illegible]

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.