S. No. 2
M—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 APR 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9839

Registration District No. 146 — Primary Registration District No. 5568 — Registrar's No. 68

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 11102 E 6th 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 16 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural Fairmount Station N.C. (If outside city or town limits, write "RURAL")

(d) Street No. 11102 E 6th St (If rural, give location) 48 8

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME JERRY DOUGLAS FIRKINS

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male D — 5. Color or race White — 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased OCTOBER (Month) 22 (Day) 1943 (Year)

8. AGE: Years 1 — Months 4 — Days 9 — If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business Child

FATHER
12. Name Lorrain Firkins
13. Birthplace Kansas City (City, town, or county) Mo D (State or foreign country)

MOTHER
14. Maiden name Virginia Lyons
15. Birthplace Promise City (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant Lorrain Firkins

(b) Address 11102 E 6th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 3 (Day) 45 (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Mo

19. (a) 3-3-45 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 1 year 1945 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 2 1945, to Feb 28 1945; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	1 week
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Mongolian Idiocy	16 mo

Major findings:
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? ..... (e) Means of injury .....

23. Signature Kiel W Hill (M. D. ~~or other~~)

Address 1025 Dudley Rd. K.C. Mo. Date signed 3-2-45

1163

(Licensed Embalmer's Statement on Reverse Side)

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.....Dean Owens.....

Licensed Embalmer No.....4280.....

P. O. Address.....Independence, 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.