DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10414

Registration District No. 276 Primary Registration District No. 4410 Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James 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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

(c) City or town St James Rural (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Neva Kirgan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harry Kirgan

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased 2 (Month) 6 (Day) 1912 (Year)

8. AGE: Years 32 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name A M Magnus
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Ona Villon
15. Birthplace Phelps co (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Harry Kirgan

(b) Address St James Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-44 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic cem

18. (a) Signature of funeral director W E Lichlider

(b) Address St James Mo

19. (a) 1-6-45 (Date received local registrar) (b) Chancie Dickson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19 year 1944 hour 5:20 minute a M.

21. I hereby certify that I attended the deceased from Sept 19 to Dec 19 1944 that I last saw her alive on Dec 19 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sarcoma of Brain	
Due to ?	
Due to ?	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

PHYSICIAN — Underline the cause to which death should be charged statistically

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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 E A Scott M D (M. D. or other)

Address St James Hospital St James Mo signed 1/6/44

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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 W E Lickleder

Licensed Embalmer No. 1970

P. O. Address St James 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, above space should be left blank.