S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33754

FILED NOV 13 1945

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 858

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

1. PLACE OF DEATH:

(a) County GREENE

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

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

(d) Length of stay: In hospital or institution 4 1/2 days. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Bois D'Arc (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Tempa J. Kirkey

3. (b) If veteran, name war none

3. (c) Social Security No. 497-22-7124

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased July 31, 1890 (Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 22. If less than one day hr. min.

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

10. Usual occupation H.W.

11. Industry or business at Home

FATHER
12. Name John Dodd.
13. Birthplace Polk Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Nancy Case
15. Birthplace Polk Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Tana Penninger

(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Rock Prairie Cem

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield, Mo.

19. (a) 10-25-45 (Date received local registrar) (b) Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23rd year 1945 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct. 15 1945 to Oct. 23 1945 that I last saw her alive on Oct. 22 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute peritonitis Acute cholecystitis — Duration 7 days

Due to Acute cholecystitis with abscess — 9 days

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 12 hr

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 Arthur O. Knabb (M. D. or other) MD.

Address 450 1/2 E. Court Spfd., Mo. Date signed 10-25-45

Dr. A. Knabb (Licensed Embalmer's Statement on Reverse Side)

NOV 26 1945

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 Ogle Slone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.