

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED JAN 12 1946 STANDARD CERTIFICATE OF DEATH

42126

State File No. _____
Registrar's No. 156

Registration District No. 275 Primary Registration District No. 3053

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

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Nelle McFarland Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1.68 days
In this community 2 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dent 33
City or town Gladden
(If outside city or town limits, write "RURAL")
(c) Street No. _____
(If rural, give location)
(d) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Marshall Kirk
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 6th
year 1945 hour 1 minute 30 A.M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced M. T
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 6, 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 21, 1945 to Dec. 6, 1945
that I last saw him alive on Dec. 6, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 10 Days _____
If less than one day _____ hr. _____ min.

Immediate cause of death Prostatitis Duration _____
Due to _____
Due to _____

9. Birthplace McComb, Ill.
(City, town, or county) (State or foreign country)

Other conditions Myocarditis
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business _____

Major findings: Of operations _____
Of autopsy _____
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Underline the cause to which death should be charged statistically.

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

14. Maiden name B. Harrison
(City, town, or county) (State or foreign country)

15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Geo Ladd
(b) Address Gladden, Mo

17. (a) Burial (b) Date thereof 12-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Empire Cemetery

18. (a) Signature of funeral director Robert G. Hawthorn
(b) Address Salem, Mo

19. (a) Dec. 14, 1945 (b) Mrs. Juanita Harvey
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) Means of injury _____
23. Signature James M. Farlow (M. D. or other) _____
Address Rolla, Mo Date signed 3/6/46

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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.....

Charles E. Seckleler....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Charles E. Seckleler*.....

Licensed Embalmer No. *3546*.....

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, fact should be so stated above.