

No. 2  
M-243  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2138

State File No. \_\_\_\_\_

FILED FEB 11 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
708 South 11th St  
(If not in hospital or institution, write street number or location)

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

In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")

(d) Street No. 708 south 11th st 7  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Kirlin

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Edith

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

7. Birth date of deceased February 22 1877  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	11	1	hr. _____ min.

9. Birthplace \_\_\_\_\_ Ireland //  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Kirlin

13. Birthplace \_\_\_\_\_ Ireland //  
(City, town, or county) (State or foreign country)

14. Maiden name Ann McCue

15. Birthplace \_\_\_\_\_ Ireland //  
(City, town, or county) (State or foreign country)

16. (a) Informant James W. Kirlin

(b) Address 708 south 11th st, St. Joseph

17. (a) Burial (b) Date thereof 1-26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Cloud, Kansas

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) 2 Feb 46 (b) J J Nestlehusch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23  
year 1946 hour 5 minute 10 P M.

21. I hereby certify that I attended the deceased from Aug. 28, 1945 19\_\_\_\_ to Jan. 23, 1946 19\_\_\_\_  
that I last saw him alive on Jan. 20, 1946 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Acute Bronchial Pneumonia</u>	<u>3 days</u>
Due to <u>Influenza</u>	<u>7 days</u>
Due to _____	_____
Other conditions (Include pregnancy within 3 months of death)	_____
Major findings: Of operations _____	PHYSICIAN  Underline the cause to which death should be charged statistically.
Of autopsy _____	

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) (e) Means of injury \_\_\_\_\_

23. Signature J R Elliott (M. D. or other) Med.  
Address 2015 Francis Street Date signed 1/23/46  
No.

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

150

34

(Licensed Embalmer's Statement on Reverse Side)

200  
300

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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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed

*Mollie E. Sidenfaden*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, 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.**