

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5261

FILED MAR 11 1946
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Burge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas 30
(c) City or town Lone Grove 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Agnes Kirk
3. (b) If veteran, name war None
3. (c) Social Security No. NONE

4. Sex F. M. / 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Kirk
6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 31, 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 3
If less than one day hr. min.

9. Birthplace Dallas County Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business.....

12. Name John Stinecpher

13. Birthplace Dallas County Mo. (1)
(City, town, or county) (State or foreign country)

14. Maiden name Mahaly Crawford

15. Birthplace Dallas County Mo. (1)
(City, town, or county) (State or foreign country)

16. (a) Informant John Kirk, West Palm Beach, Fla.

(b) Address Palm Beach - Florida

17. (a) Burial (b) Date thereof Feb. 7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo, Mo.

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield, Mo.

19. (a) 3-6-46 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4 th., year 1946 hour 12 Midnight minute..... M.

21. I hereby certify that I attended the deceased from Jan. 26, 1946 to Feb. 4, 1946
that I last saw him alive on Feb. 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure
Due to Arteriosclerosis
Due to Renal insufficiency
Other conditions (include pregnancy within 3 months of death) 3

Major findings:
Of operations 13 3/4
Of autopsy.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accid., 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) (c) Means of injury.....
23. Signature W. H. Handley (M. D. or other)
Address Goodwood Park Date signed 2-6-46

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

MOTHER FATHER

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 *A. H. McCarver*

Licensed Embalmer No. 2727

P. O. Address *Springfield 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.

X