

FILED APR 22 1946

Registration District No. 4 Primary Registration District No. 3008

Registrar's No. 107

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

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton, Mo 302 S. Court St.
 (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 53 Years (years, months or days)

3. (a) PRINT FULL NAME FANNIE MAE KIRK
 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 Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
 7. Birth date of deceased: Feb 1918 1861
 (Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 18
 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name George F. Bird
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna E. Bird
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Claude Kirk
 (b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof 3-6-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest
 18. (a) Signature of funeral director Hallace Funeral Home
 (b) Address 726 E. 8th St. Fulton, Mo.

19. (a) 3-6-1946 (b) Jesse Mowatt Hoff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway / 4
 (c) City or town Fulton /
 (If outside city or town limits, write "RURAL")
 (d) Street No. 201 State St. / 2
 (If rural, give location) / 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March / 4 day
 year 1946 hour 10 minute 2 M.
 21. I hereby certify that I attended the deceased from May 2nd
1945 to March / 1946
 that I last saw her alive on Feb / 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
 Due to arterio Sclerosis

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 92%
 Of operations _____
 Of autopsy _____
 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? _____ Means of injury _____
 23. Signature R. M. Jones (M. D. or other) _____
 Address Fulton, Mo. Date signed 3/6/46

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 4-19-46

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 Wenzil C. Browning

Licensed Embalmer No. 1724

P. O. Address Hutton 2nd

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.