S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12702

State File No.

FILED MAY 14 1946

Registration District No. 94 Primary Registration District No. 4170 Registrar's No. 32

1. PLACE OF DEATH:
(a) County DeKalb.
(b) City or town Union Star Mo.
(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 years, months or days)
In this community All life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County DeKalb. 32
(c) City or town Union Star Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Julia Anna Kirk.
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Female
5. Color or race Cau.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Benjaman H. Kirk.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 2 (Day) 1854 (Year)
8. AGE: Years 91 Months 5 Days 3 If less than one day hr. min.
9. Birthplace DeKalb Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housework.
11. Industry or business None.
MOTHER FATHER
12. Name William E. Piper.
13. Birthplace Unknown. (City, town, or county) 0 (State or foreign country)
14. Maiden name Cynthia Tate.
15. Birthplace Unknown. (City, town, or county) " (State or foreign country)
16. (a) Informant Evart Kirk.
(b) Address Union Star Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4.7.1946. (Month) (Day) (Year)
(c) Place: burial or cremation Flagsprings Mo.
18. (a) Signature of funeral director R G Taggart
(b) Address King City Mo.
19. (a) 4-10-46 (Date received local registrar) (b) Rosco Davison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1946. hour 5 minute A. M.
21. I hereby certify that I attended the deceased from Apr 1 1946 to Apr 5 1946 that I last saw him alive on Apr 3 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Obstruction	5 Days
Due to Probably Cancer	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46	
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? (e) Means of injury 0
23. Signature E M Reynolds (M. D. or other)
Address Union Star Date signed 4-6-46

82 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.