

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAY 27 1946

Registration District No. Primary Registration District No. 6010 Registrar's No. 87

1. PLACE OF DEATH:

(a) County... Randolph

(b) City or town... Rural Sugar Creek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution... RFD # 2 Moberly
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... None
(Specify whether)

In this community... Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Randolph

(c) City or town... Rural
(If outside city or town limits, write "RURAL")

(d) Street No... RFD # 2 Moberly
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME... CLINTON RICHARD KIRKENDOLL

3. (b) If veteran, name war... None

3. (c) Social Security No... None

4. Sex... Male

5. Color or race... White

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

6. (b) Name of husband or wife... Sadie M. Kirkendoll

6. (c) Age of husband or wife if alive... 58 years

7. Birth date of deceased... April - 3 - 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>0</u>	<u>12</u>	hr. min.

9. Birthplace... Randolph Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation... Carpenter & Farmer

11. Industry or business...

12. Name... James Kirkendoll

13. Birthplace... Ohio
(City, town, or county) (State or foreign country)

14. Maiden name... Madora Welch

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

16. (a) Informant... Mrs. Sadie Kirkendoll

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

(c) Place: burial or cremation... Sugar Cemetery

18. (a) Signature of funeral director... J. E. Hubert

(b) Address... Moberly Mo.

19. (a) April 16, 1946 (b) J. E. Hubert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 7, 1946 to April 15, 1946
that I last saw alive on April 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death... Myocarditis - months with edema

Due to...
Due to...
Other conditions (Include pregnancy within 6 months of death)

Major findings:
Of operations...
Of autopsy... (13)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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...
23. Signature... J. E. Hubert (M. D. or other)
Address... Moberly Mo. Date signed 4/16/46

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

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

16671

RECEIVED
District Health Officer No. 10
District File Number 5-46-99895
Date Filed MAY 23 1946

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. M. Cator*.....
Licensed Embalmer No. 4117
P. O. Address..... *Moberly 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.