

FILED AUG 6 1946

State File No.

Registration District No. 61

Primary Registration District No. 407

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar
(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Levi Kirkpatrick

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Car Kirkpatrick 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: 11/30/1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	7	17	hr. min.

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

10. Usual occupation: Retail farmer

11. Industry or business _____

12. Name: Robert Kirkpatrick

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

14. Maiden name: Fanning Mack

15. Birthplace: N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. R. L. Kirkpatrick

(b) Address: El Dorado Springs, Mo

17. (a) Burial (b) Date thereof: 7-28-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hazel Dell Cemetery

18. (a) Signature of funeral director: Wm. Carothers

(b) Address: El Dorado Springs, Mo

19. (a) 7/16/46 (b) J. C. Bruner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 6
year 1946 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from July 1943, to July 16, 1946;
that I last saw him alive on July 7, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death: Ulcer of the Duodenum
Duration _____

Due to _____

Due to _____

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

Major findings: _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature: W. Dawson (M. D.)

Address: El Dorado Springs Date signed: _____

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

20
1
0

21800

RECEIVED
DISTRICT NO. 7
2-46-286
Date Filed 8-5-46

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 *Floyd C. Carothers*
Licensed Embalmer No. *4419*
P. O. Address *El Dorado Springs*

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.