No. 2
—5-43
5-17-39
X36671

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

FILED AUG 19 1946

State File No. 28080

Registration District No. 799 Primary Registration District No. 3056 Registrar's No. 140

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 402½ West Reed Street
(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 34 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 402½ West Reed St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH ANN KIRK
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maurice G. Kirk
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased October (Month) - 5 (Day) - 1876 (Year)
8. AGE: Years 69 Months 9 Days 3 If less than one day hr. min.
9. Birthplace Elizabethtown (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Nursing
11. Industry or business
FATHER
12. Name Mathew Reak
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Dr. M. G. Kirk
(b) Address 402½ W. Reed Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) - 10 (Day) - 1946 (Year)
(c) Place: burial or cremation Moberly Missouri
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Missouri
19. (a) Jul. 10-46 (Date received local registrar) (b) Dean William Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1946 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from April 10, 1946 to July 8, 1946 that I last saw her alive on July 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration
Due to Arteriosclerosis 3 yr - Frontal convolutions of right side
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Henry Randolph M.D. (M.D. or other)
Address Moberly, Mo. Date signed 7-9-46

269 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-10-1109
Date Filed AUG 14 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. Cater

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.