

FILED DEC 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40024

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 277

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Amos Valentine VanKirk

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 widowed
6. (b) Name of husband or wife Josephine VanKirk 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 14th, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 9 20 hr. min.

9. Birthplace Phelps County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name William Newton VanKirk
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Martha Noaks
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert G. VanKirk
(b) Address Rolla, Route 1, Missouri
17. (a) Burial (b) Date thereof Dec. 8, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Smith-Hollow
(b) Address Rolla, Missouri
19. (a) 12-9-46 (b) R. P. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th
year 1946 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from 12-1
1946 to 12-4 1946
that I last saw h alive on 12-4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Due to Lobar pneumonia
Due to diabetes mel. & nephritis
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61
Of autopsy.....
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 0
23. Signature MR. C. L. Dudge (M. D. or other)
Address Rolla, Mo Date signed 12/5/46

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

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4

38838

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-10-75

DEC 19 1975

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 Victor Buescha

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.