

S. No. 2  
M-5-43  
5-17-39  
I X36671

FILED FEB 13 1947  
Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County Jasper

(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital 16 days suddenly  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Ralph W. Shirk

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security No.** 44-01-3369

**4. Sex** MO **5. Color or race** W

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

**6. (b) Name of husband or wife** Audie **6. (c) Age of husband or wife if alive** 47 years

**7. Birth date of deceased** April 11- 1892  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>54</u>	<u>8</u>	<u>24</u>	hr. min.

**9. Birthplace** Arkansas  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Machinist

**11. Industry or business** Joplin Machinery & Electric Co

**12. Name** W. H. Shirk

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

**14. Maiden name** Alice Dames

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

**16. (a) Informant** Mrs Ralph Shirk

**(b) Address** Rt 2, Seneca, MO

**17. (a) Burial, cremation, or removal** Burial **(b) Date thereof** Jan 7-47  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Osborn Memorial

**18. (a) Signature of funeral director** Thornhill Willor

**(b) Address** Joplin MO

**19. (a) 1-6-47** **(b) Ed Jemer**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Newton

(c) City or town Rt 2, Seneca  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Jan day 14th  
year 1947 hour 3 minute P-M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_  
did not attend \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Obstruction

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: 94%

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? 2

While at work: \_\_\_\_\_ **(c) Means of injury** \_\_\_\_\_

**23. Signature** A. H. Bergelt **(M. D. or other)** \_\_\_\_\_  
**Address** 211 Joplin **Date signed** 1/15/47

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**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..... *David Dillon* .....

Licensed Embalmer No. *3898* .....

P. O. Address..... *Joplin, 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.**