

FILED JAN 21 1947

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
682 East Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 86 years
years, months or days)

3. (a) PRINT FULL NAME LUCY A. KIRKPATRICK

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife J. H. Kirkpatrick

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

7. Birth date of deceased November 11, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>1</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation House duties

11. Industry or business _____

12. Name Zaza D. Ralph

13. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ann Simpson

15. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Kirkpatrick

(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof Jan. 5, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope, Richmond, Mo.

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

(b) Address 627 E. Main, Richmond, Mo.

19. (a) Jan 4-1947 (b) Malv Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. 682 East Main St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd
year 1947 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Jan 3, 1947 to Jan 7, 1947
that I last saw him alive on Jan 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion 10 months

Due to: Arterial Sclerosis 10 yrs.

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

PHYSICIAN

Major findings: _____
Of operations: _____

Of autopsy: 94A

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 2

23. Signature Dr. E. J. ... (M. D. or other) AB. D.O.
Address Richmond, Mo. Date signed Jan 7, 47

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

MOTHER FATHER

MAR 19 1947

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-18-47

FEB 26 1947

JAN 29 1947

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 E. J. [Signature]

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.