

FILED MAR 21 1947

Registration District No. 207

Primary Registration District No. 5757

1. PLACE OF DEATH:

(a) County maries CO
 (b) City or town Rural Johnson Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution On Farm
 (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)

3. (a) PRINT FULL NAME

Clifford E. Vankirk

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex mo 5. Color or race W 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 25 1947
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 hr. min.

9. Birthplace maries CO mo
 (City, town, or county) (State or foreign country)

10. Usual occupation L

11. Industry or business L

12. Name Elmer Vankirk
 13. Birthplace maries CO mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Madison
 15. Birthplace Callaway CO mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Elmer Vankirk
 (b) Address Safe mo

17. (a) Burial (b) Date thereof 3-1-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dillon Tenn

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

(b) Address St. Louis mo

19. (a) 3-12-47 (b) Clifford E. Vankirk
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County maries 63
 (c) City or town Rural
 (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 Feb day 28 year 47 hour (?) minute _____ M.

21. I hereby certify that I attended the deceased from Feb 25 1947 to Feb 28 1947
 that I last saw him alive on Feb 25 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration 3 da.

Due to _____

Due to _____

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

Major findings: Of operations 15-9

Of autopsy _____

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 E. E. Licklider (M. D. or other) _____

Address Dillon Tenn Date signed 3-7-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/20/47

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.