

No. 2
-1/47
-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20143

State File No.

FILED JUL 14 1947

Registration District No. 22

Primary Registration District No. 1000

Registrar's No. 842

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution Missouri Methodist Hospital
(If not in hospital or institution, write street location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether Lifetime) (Specify whether)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Faucett, General Delivery
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MERMETTA KIRKMAN

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. widowed

6. (b) Name of husband or wife Noah

6. (c) Age of husband or wife if alive. 1870 years

7. Birth date of deceased September 18, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>76</u>	<u>9</u>	<u>17</u>		hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Self

12. Name Alphens Reed

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Smith

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

16. (a) Informant Bessie Woodward (sister)

(b) Address Faucett, Mo.

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

(c) Place: burial or cremation Faucett, Missouri

18. (a) Signature of funeral director John C. Rupp
(b) Address 6054 Piner Ave., City

19. (a) 7-12-47 (b) R. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5, year 1947 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from 6-29 1947, to 7-5 1947 that I last saw her alive on 7-4 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral pulmonary embolism

Due to Carcinoma of ovary - postural metastases

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None. HPA

Of autops: As above

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)

23. Signature Harold J. Bruner (M. D.)

Address St Joseph, Mo. Date signed 7-9-47

Duration 2 days

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

MAY 1 1958

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, _____

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St Joseph*

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.