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7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26455

FILED AUG 6 1947

Registration District No. 3372

Primary Registration District No. 6114

Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Morley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 41 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Scott 100
(c) City or town: Morley (If outside city or town limits, write "RURAL") 11
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: ✓

3. (a) PRINT FULL NAME: James Buchanan Kirkpatrick
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: Widower
6. (b) Name of husband or wife: Mary A Kirkpatrick
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Dec. (Month) 9 (Day) 1856 (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	6	17	....hr. ....min.

9. Birthplace: Diehlstadt (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Retired Carpenter
11. Industry or business:
MOTHER FATHER
12. Name: Henry Kirkpatrick 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: H. F. Kirkpatrick
(b) Address: 197 Henderson Cape Girardeau Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 28, 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Morley, Morley Mo
18. (a) Signature of funeral director: Bisplinghoff Funeral Home
(b) Address: Chaffee, Mo
19. (a) July-27-47 (Date received local registrar) (b) A. Bryant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26 year 1947 hour 11 minute a M.
21. I hereby certify that I attended the deceased from 2 1946, to 7/26, 1947 that I last saw him alive on 7/24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Endocarditis	1 yr
Due to:	
Due to:	
Other conditions: Cystitis (Include pregnancy within 3 months of death)	7

Major findings:
Of operations: ✗
Of autopsy:

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: J. A. Cline (M. D. or other)
Address: Oran Mo Date signed 7/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No
District File Number 847-
Date Filed 8-4-

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 Jack T Burnett Registered Apprentice No. 516 working under my personal supervision.

Signed Mamie Bispling hoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.