

No. 2  
1-147  
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28108

National Office of Vital Statistics  
FILED AUG 29 1947  
Registration District No. 2009

Primary Registration District No. 2009

Registrar's No.

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution 917 W. 11th St.  
(d) Length of stay: In hospital or institution 18 years  
In this community 18 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 917 W. 11th St.  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Ada Kirk  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex F. Color W.  
5. Color or race W.  
6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Fred  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased October 6, 1895

8. AGE: Years 51, Months 9, Days 19

9. Birthplace Harrisonville, Missouri

10. Usual occupation housewife

11. Industry or business  
12. Name no record  
13. Birthplace  
14. Maiden name  
15. Birthplace

16. (a) Informant Fred Kirk  
(b) Address 917 W. 11th, Joplin, Mo.

17. (a) Burial  
(b) Date thereof 7-30-47  
(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker-Hunsaker  
(b) Address Joplin, Mo.

19. (a) 8-1-47  
(b) Adeline Sampkins

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July, day 25, year 1947, hour 11, minute 30, M.

21. I hereby certify that I attended the deceased from 19... and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to... Other conditions... Major findings: Of operations

Of autopsy... 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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work?  
Signature: A. H. Hackett  
Address: 2114 Joplin

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

MOTHER FATHER

47-8-676

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 F. M. Jones

Licensed Embalmer No. 2319

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.