

S. No. 2  
-12-45  
5-17-39  
PI X47070

FILED AUG 29 1947

State File No. \_\_\_\_\_  
Registrar's No. 46

Registration District No. 273 Primary Registration District No. 5915

1. PLACE OF DEATH:  
(a) County Perry  
(b) City or town Rural Central Township  
(c) Name of hospital or institution: Perryville Star Route  
(d) Length of stay: \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Perry  
(c) City or town Perryville  
(d) Street No. Star Rt.  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME John Joseph Kirm  
(b) If veteran name war \_\_\_\_\_  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 10 year 1947 hour 05 minute 50 P.M.  
21. I hereby certify that I attended the deceased from 2 P.M. 10 Aug 1947, to 5:30 P.M. 10 Aug 1947.  
The last saw him alive on 5:30 P.M. 10 Aug 1947, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Heart failure  
Collaps of Lungs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

7. Birth date of deceased: August 10, 1947  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 3 hr. 30 min.

Other conditions? \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

9. Birthplace: Perryville, Mo.

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name Arthur Kirm  
13. Birthplace Perry County, Mo.  
14. Maiden name Anna Dege  
15. Birthplace Ste. Genevieve, Mo.

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? \_\_\_\_\_

16. (a) Informant Arthur Kirm  
(b) Address Perryville, Star Rt.  
17. (a) Burial (b) Date thereof 8-11-47  
(c) Place: burial or cremation Mt. Hope Cemetery  
18. (a) Signature of funeral director Ben Mineral  
(b) Address Perryville, Mo.  
19. (a) Aug 11-47 (b) Joseph Zellmer

23. Signature Ben Feely (M. D. or other) Ed  
Address Perryville, Mo. Date signed 11 Aug 1947

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 8-4-2-20-47  
Date Filed 8-20-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Albert Bey  
Licensed Embalmer No. 3866  
P. O. Address Perryville, 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.