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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35049**

FILED OCT 27 1947

Registration District No. **207**

Primary Registration District No. **3042**

Registrar's No. **362**

1. PLACE OF DEATH:

(a) County **Marion**

(b) City or town **Hannibal**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Levering Hospital**   
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **lifetime** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **FRED G. KIRSE**

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 **widowed**

6. (b) Name of husband or wife **Mary E. Kirse**

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

7. Birth date of deceased **April 4 1884**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>63</b>	<b>6</b>	<b>17</b>	hr. min.

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

10. Usual occupation **---**

11. Industry or business **---**

MOTHER FATHER { 12. Name **Fred Kirse**

13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Meadows**

15. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Irma Losson**

(b) Address **2108 Hope, Hannibal, Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **10/23/47** (Month) (Day) (Year)

(c) Place: burial or cremation **Riverside Cemetery**

18. (a) Signature of funeral director **Roy B. Schwartz**

(b) Address **1000 Broadway, Hannibal, Mo.**

19. (a) **10-23-47** (Date received local registrar) (b) **Dr. E. M. Lucke** (Registrar's signature) **1947**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**

(c) City or town **Hannibal**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2103 Hope St.**  
(If rural, give location)

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

If yes, name country **--**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **21**  
year **1947** hour **10** minute **--** P. M.

21. I hereby certify that I attended the deceased from **1935**  
that I last saw her alive on **Oct 21**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr myocarditis**

Due to **9/22**

Due to **Purkinje's disease**

Other conditions **Purkinje's disease**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

PHYSICIAN **---**

Underline the cause to 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? **---**

While at work **---** (Specify type of place) (c) Means of injury **---**

23. Signature **[Signature]** (M. D. certifier)

Address **---** Date signed **10/22/47**

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

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**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.....

*Paul Richard Brown*

Licensed Embalmer No. ....

*4324*

P. O. Address.....

*Hannibal*

**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.**