

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 31 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35384**  
Registrar's No. **105**

Registration District No. **297**

Primary Registration District No. **3057**

1. PLACE OF DEATH:  
(a) County **Ray**  
(b) City or town **Richmond**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**637 East Main St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **68 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Ray**  
(c) City or town **Richmond**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **637 East Main St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MABEL CLARA KIRKPATRICK**  
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 **Married**  
6. (b) Name of husband or wife **J. W. Kirkpatrick**  
6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased **October 8, 1879**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **16th**  
year **1947** hour **2:15** minute **P.M.**  
21. I hereby certify that I attended the deceased from **10-10-47**, 19, to **10-16-47**, 19;  
that I last saw her alive on **10-16-47**, 19,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **6 days**

8. AGE: Years Months Days If less than one day  
**68 0 8** hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **44A**

9. Birthplace **Richmond, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name **J. L. Farris**  
13. Birthplace **Unknown Tennessee**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Olivia Gaultney**  
(City, town, or county) (State or foreign country)  
15. Birthplace **Yazoo City, Mississippi**  
(City, town, or county) (State or foreign country)

16. (a) Informant **M. M. Kirkpatrick**  
(b) Address **Kansas City, Missouri**

17. (a) **Burial** (b) Date thereof **Oct. 18, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **City Cem., Richmond, Mo.**

18. (a) Signature of funeral director **Thurman Funeral Home**  
(b) Address **Richmond, Missouri**

19. (a) **Oct 17, 1947** (b) **Mabel Jackson**  
(Date received local registrar) (Registrar's signature)

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 **0**  
23. Signature **Shos J. Cook** (M. D. or D.O.)  
Address **Richmond, Mo.** Date signed **10-17-47**

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 10-30-47

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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.....

*William L. Thurman*....., Registered Apprentice No. 65.....  
working under my personal supervision.

Signed.....  
*W. L. Thurman*

Licensed Embalmer No. 2073.....

P. O. Address..... Richmond, Missouri

**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.