U. S. No. 2
20M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1947

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36954

Primary Registration District No. 4009

Registrar's No. 210

1. PLACE OF DEATH:

(a) County ANDREW

(b) City or town SAVANNAH, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
302 S. 6th St.
(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 6 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDREW

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

(d) Street No. 302 S. 6th St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME STELLA G. KIRKPATRICK

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife JASON KIRKPATRICK

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

7. Birth date of deceased MARCH (Month) 8 (Day) 1877 (Year)

8. AGE: Years 70 Months 8 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace AROCA (City, town, or county) IOWA (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name WILLIAM PALMER
13. Birthplace OHIO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CORA SINCLAIR
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant Clara Gillispie KC Mo
(b) Address ~~302 S. 6th St~~ SAVANNAH, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation KNOBNOSTER, Mo.

18. (a) Signature of funeral director R A Brannington
(b) Address 617 N. MAGUIRE WARRENSBURG, Mo

19. (a) 11-16-47 (Date received local registrar) (b) Lillian Sparks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1947 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from 4-1 19.47 to Nov. 11 19.47; that I last saw her alive on Nov. 11 19.47; and that death occurred on the date and hour stated above.

Immediate cause of death Terminal hypostatic Pneumonia — Duration 2 days.

Due to Cardio-Vascular-Renal desease — 4 Mo's.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Gilbert B Gillespie M. D. or other
Address Savannah, Mo. Date signed 11-15-47

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Lindell K. Jarman, Registered Apprentice No. 88, working under my personal supervision.

Signed R. W. Baumingar

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.