

Registration District No. 47

Primary Registration District No. 3009

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fultons
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days) same

3. (a) PRINT FULL NAME MINNIE KIRCHNER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife OTL 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: (Month) 8 (Day) 3 (Year) 1879

8. AGE: Years 68 Months 5 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Cooper County (City, town, or county) (State or foreign country) 0

10. Usual occupation housewife

11. Industry or business _____

12. Name Willes Hurt

13. Birthplace Virginia (City, town, or county) (State or foreign country) 1

14. Maiden name Emil Bear

15. Birthplace Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Hospital Record (b) Address Victor Mo.

17. (a) Burial (b) Date there Jan 26-48 (Month) (Day) (Year)

(c) Place: burial or cremation Walton Home, Landis

18. (a) Signature of funeral director Spaldeman & Baller (b) Address Bonville Mo.

19. (a) Jan 2 1948 (b) John Morquindhoff (Registrar's signature) (Date received local Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cooper
(c) City or town Bonville (If outside city or town limits, write "RURAL") 1
(d) Street No. R.F.D. #2 (If rural, give location) 2
(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1948 hour 5 minute 4 A. M.

21. I hereby certify that I attended the deceased from 1-24-48 to 1-24-48, 19____

that I last saw h. EA alive on 1-23-48, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy: Q/A

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) (e) Means of injury 0

23. Signature A.P. Price (M. D. or other) MD
Address Fulton Mo. Date signed 2/1/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4
1
2

RECEIVED

District Health Officer No. 9,

District Number

Date Filed JAN 29 1948

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 H. Wood....., Registered Apprentice No. 480

working under my personal supervision.

Signed J. H. Goodman.....

Licensed Embalmer No. 1178

P. O. Address: Beaville 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.