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23159

Registration District No. \_\_\_\_\_

Primary Registration District No. **3000**

Registrar's No. **56**

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: D. S. O. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 7 hours 12 min. (Specify whether years, months or days)

3. (a) PRINT FULL NAME SHIRLEY JUNE ERWIN

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

4. Sex F / race W 5. Color or divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Feb. 14 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 7 hr. 15 min.

9. Birthplace Kirkville Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Warren Erwin

13. Birthplace Scotland Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Helen Hruska

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

16. (a) Informant Warren Erwin  
(b) Address Downing mo.

17. (a) Burial (b) Date thereof 2, 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffee Cemetery

18. (a) Signature of funeral director Ed Moore  
(b) Address Downing mo.

19. (a) 2-18-48 (b) W. H. Lambert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1948 hour 5:15 minute 40 P. M.

21. I hereby certify that I attended the deceased from February 14 1948 to Feb. 14 1948; that I last saw her alive on Feb 14 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Complete atelectasis

Due to Development.

Due to \_\_\_\_\_

Other conditions 161A  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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) (e) Means of injury 2

23. Signature W. H. Lambert (M. D.) \_\_\_\_\_  
Address 1003 Clinic Kirkville Mo. Date signed 2/14/48

RECEIVED  
District Health Officer No. 10  
District File Number 248-35  
FEB 25 1948  
Date Filed

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 me

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

Signed Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Downing

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.