

FILED FEB 24 1948

State File No.

Registration District No. 20

Primary Registration District No. 5450

Registrar's No. 10

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 60 years  
years, months or days

3. (a) PRINT FULL NAME Martha Kirk

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced wid 2

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

7. Birth date of deceased January 22-1858  
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lima Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

MOTHER FATHER { 12. Name Sarah Casbeer

13. Birthplace York Penn  
(City, town, or county) (State or foreign country)

14. Maiden name Maybelle Fulton

15. Birthplace York Penn  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Family Records

(b) Address \_\_\_\_\_

17. (a) Funeral (b) Date thereof 1-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountgiff

18. (a) Signature of funeral director Alfred C. Coker

(b) Address Albany MO

19. (a) 9-1948 (b) Harold W. Webster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

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

(d) Street No. Miller Lp  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16  
year 1948 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Dec-12, 1947, to Jan 16<sup>th</sup>, 1948, that I last saw her alive on Jan 16<sup>th</sup>, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thromboses

Due to Chronic Bronchitis

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration Short

3 days

more

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

Of autopsy QTA

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 Li

23. Signature W. S. Campbell (M. D. or other) Jaw

Address Albany MO Date signed 20 48

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**DISTRICT HEALTH OFFICE**  
Canton, 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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

C. L. Bush  
Licensed Embalmer No. 3329

P. O. Address

Albany 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, above space should be left blank.**