No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 19, 1948

Registration District No. 1/36

MISSOURI-DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5271

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 321 N. Joplin (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: 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No.: 321 N. Joplin (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Georgia Ellen Kirkpatrick
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Burt Kirkpatrick
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: March (Month) 8 (Day) 1878 (Year)
8. AGE: Years 70 | Months 9 | Days 14 | If less than one day ____ hr. ____ min.
9. Birthplace: McCombs (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Jess Myers
13. Birthplace: ------- (City, town, or county) Mississippi (State or foreign country)
MOTHER 14. Maiden name: Hattie Creel
15. Birthplace: --- (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant: J. S. Cook
(b) Address: Baxter Springs, Kans
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Osborne Memorial Park Cemetary
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 1-28-48 (Date received local registrar) (b) Dolores Hopkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 22 year: 1948 hour: 12: minute: 15 P.M.

21. I hereby certify that I attended the deceased from Dec 27, 1947, to Jan 22, 1948 that I last saw her alive on Jan 22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage	
of Stomach, Duodenum	
of Calculus Gall	
Due to: Heart	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy:

PHYSICIAN — Underline the cause of 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: 0

23. Signature: John M. Douglas (M. D. or other)
Address: 210 West 32nd St. Joplin Mo Date signed: Jan 23 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-1-109

MAR 18 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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.