

No. 2  
12-45  
1-17-39  
X47070

Registration District No. **282** Primary Registration District No. **5971**

1. PLACE OF DEATH:

(a) County **Talk**

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

(c) Name of hospital or institution: **Bolivar H.S. - Keel Ave. 1<sup>st</sup> Pro.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 weeks** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Green**

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

(d) Street No. **6 mi S. E. Walnut St. R+2**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Emery Orvil Kirk**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **wh.**

6. (a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife **Mary E. Kirk**

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **Sept 12, 1871**  
(Month) (Day) (Year)

8. AGE:

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <b>76</b> | <b>6</b> | <b>11</b> | hr. _____ min. _____ |

9. Birthplace **Green Co Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

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

12. Name **Jessie B. Kirk**

13. Birthplace **Hubbardsville Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha E. Kirk**

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

16. (a) Informant **Mrs. Mary E. Kirk**

(b) Address **Bolivar Mo**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Mar 26 1948**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Kelly Cemetery, 2 mi S. E. Bolivar, Mo.**

18. (e) Signature of funeral director **Ernest R. Blum**

(b) Address **Bolivar Mo**

19. (a) **Mar 25, 1948** (Date received local registrar)

**Ralph Gardens** (Name of Registrar)

**W. J. Powell** (Name of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23**  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **March 22, 1948**  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw him alive on **March 22, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Hypertensive cardio-vascular disease**

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

Other conditions (include pregnancy within 3 months of death)  
**History of epilepsy**

Major findings of operations \_\_\_\_\_

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

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 **M. W. Tillman Jr.** (M. D. or other) **M.D.**

Address **Bolivar, Mo.** Date signed **3-25-48**

Duration **3 days**

**unknown**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

84  
0  
0

RECEIVED  
District Health Officer No. 7,  
District File Number 2-48-331  
Date Filed 3-30-48

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.....  
James R. Phillipis....., Registered Apprentice No. 215  
working under my personal supervision.

Signed Shepard P. Erwin  
Licensed Embalmer No. 3092  
P. O. Address Bolivar, 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.