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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1948

Registration District No. 271

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4324

State File No. 37395

Registrar's No. 11-48

1. PLACE OF DEATH:

(a) County Miller

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

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

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

(c) City or town St. Elizabeth
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Mary Henritta Kirkweg

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife William J. Kirkweg

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased February (Month) 1 (Day) 1906 (Year)

8. AGE:

Years	Months	Days	If less than one day
42	9	26	hr. min.

9. Birthplace St. Elizabeth (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John G. Borgmeyer
13. Birthplace St. Elizabeth (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lucy Verhoff
15. Birthplace St. Elizabeth (City, town, or county) Missouri (State or foreign country)

16. (a) Informant William J. Kirkweg
(b) Address St. Elizabeth, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 29/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Elizabeth Missouri

18. (a) Signature of funeral director Walter P. Hedges
(b) Address Iberia, Missouri

19. (a) Nov. 29-1948 (Date received local registrar) (b) Mrs. Richard L. Wright (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th
year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 1938, 1948, to Nov, 1948
that I last saw her alive on Nov 26, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	2 yrs.
Due to Lobar Pneumonia	4 days
Due to Thrombophlebitis of Veins of Extremities	24 hrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93 P

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?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature M. E. Humphrey (M. D. or other) D.O.
Address Tuscumbia, Mo. Date signed 11-26-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District [illegible]
DEC 10 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 Walter P. Hedges, Registered Apprentice No. ....., working under my personal supervision.

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.