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M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39532

FILED DEC 29 1948

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 400

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
S. E. Missouri Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. S.E. Mo. Hosp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME

Baby Kirk

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

3. (c) Social Security No. No.

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

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

6. (b) Name of husband or wife No.

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased: December (Month) 15 (Day) 1948 (Year)

8. AGE: Years Months Days If less than one day
3 hr. s min.

9. Birthplace: Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: infant

11. Industry or business: --

12. Name Roy Kirk

13. Birthplace Corning, Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Dorris Northington

15. Birthplace Flat River, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lorene Miller

(b) Address Gray Ridge, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16, 48
(Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Richards Und. Co.

(b) Address New Madrid, Mo.

19. (a) 12-23-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1948 hour 12 30 minute P.M.

21. I hereby certify that I attended the deceased from 8:50 AM
15 Dec. 1948 to 12:30 PM, 16 Dec. 48
that I last saw her alive on 15 Dec. 1948
and that death occurred on the date and hour stated above.

Immediate cause of death ASPHYXIA

Due to Poor expansion of lungs, atelectasis, etc.
Due to 16

Other conditions (Include pregnancy within 3 months of death)

Major findings: WT - 3-130g.
LARGE THYMUS
Of autopsy: INTERVENTRICULAR SEPTAL DEFECT
Lungs not expanded

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? 0

While at work? (Specify type of place) _____ (e) Means of injury _____

Signature J. A. Kinder (M. D. or other) MD
Address Cape Girardeau Date signed 22 Dec

1948

RECEIVED

Dist. Health Officer No. 4
State File Number 1248-16
Date Filed 12-28-48

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.....

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

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.