

FILED AUG 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 23825

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Carthage)		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Marion	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) Rt # 4, Carthage,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Cune-Brooks Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Clyde b. (Middle) L. c. (Last) Kirk			4. DATE OF DEATH (Month) (Day) (Year) July 22, 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 8, 1904	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR 5 Months	IF UNDER 24 HRS. 14 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Noel, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME David Allen Kirk	13b. MOTHER'S MAIDEN NAME Minnie Combs	14. NAME OF HUSBAND OR WIFE Ruth Mc Graw
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mirham Kirk, Rt 4, Carthage, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis Chronic, Interstitial		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes, Mellitus		12 yrs
	DUE TO (c) Gastritis, Chronic		26 mo
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6 mo	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 8, 1949, to July 23, 1949, that I last saw the deceased alive on July 23, 1949 and that death occurred at 7:10A m., from the causes and on the date stated above.

23a. SIGNATURE George H. Wood, M.D. (Degree or title)	23b. ADDRESS Carthage Mo	23c. DATE SIGNED 7/23/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jul 25, 1949	24c. NAME OF CEMETERY OR CREMATORY Harmony Grove	24d. LOCATION (City, town, or county) (State) Jasper, Co., Mo.
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DATE REC'D BY LOCAL REG. July 23-1949	REGISTRAR'S SIGNATURE L. B. Clinton, M.D. 139	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home, Carthage, Mo.
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See H-7 required and Embalmer's Statement on Reverse Side)

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

RECEIVED 8-1-49

Jasper County Health Office

County File Number 49-7-586

Date Filed 8-3-49

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 _____

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working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

John J. Henneky

Licensed Embalmer No. 4194

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.