

FILED MAR 30 1950

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 2007 Registrar's No. 133

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> <u>0123</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>331 Center</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>331 Center</u> | | | |

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|---|----------------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) <u>MARGARET ELIZABETH KIRKPATRICK KERSHNER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 20, 1950</u> | | |
| a. (First) | b. (Middle) | c. (Last) | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>19</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Oct. 1, 1865</u> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u> | 10b. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (State or foreign country) <u>Keysport, Ill.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | |

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| 13a. FATHER'S NAME <u>Robt. Kirkpatrick</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret McQuary</u> | 14. NAME OF HUSBAND OR WIFE <u>W.H. Kershner</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Kirkpatrick... Poplar Bluff, Mo.</u> |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolus</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile weakness</u> DUE TO (c) <u>Arterio-sclerosis</u> | | years. <u>332X</u> |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE, HOMICIDE? (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Mar 20, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30P m., from the causes and on the date stated above.

| | | | |
|---|-------------------|--|------------------|
| 23a. SIGNATURE <u>Wm. H. Johnson</u> | (Degree or title) | 23b. ADDRESS <u>Poplar Bluff Mo</u> | 23c. DATE SIGNED |
|---|-------------------|--|------------------|

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|--|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/22/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City</u> | 24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u> |
|--|-----------------------------|---|---|

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|--|--|-----------------|--|
| DATE REC'D BY LOCAL REG. <u>March 22-1950</u> | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> | 428 <u>0</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FRANK-COTRELL.... Poplar Bluff, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

1961 FEB 8

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

350-157
MAR 27 1950

SEP 11 1951

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *George A. Kerby*

Licensed Embalmer No. *4752*

P. O. Address *Poplar Bluff*

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.