

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 455

1203

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mich b. COUNTY 9 21A	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural... Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pontiac 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hi-way 67S & Frisco Cross		d. STREET ADDRESS (If rural, give location) H3977 Baldwin Road Co. 5. 250.	

3. NAME OF DECEASED (Type or Print) a. (First) LINDA	b. (Middle) MARIE	c. (Last) KIRK	4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1950
---	-------------------	----------------	--

5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 12, 1946	9. AGE (In years last birthday) 3	10. MONTHS 11	11. DAYS 12	12. HOURS	13. MIN.
-------------	------------------------	---	--------------------------------	-----------------------------------	---------------	-------------	-----------	----------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pontiac, Mich /	12. CITIZEN OF WHAT COUNTRY?
---	-----------------------------------	---	------------------------------

13a. FATHER'S NAME Thos. E. Kirk	13b. MOTHER'S MAIDEN NAME Marie Nixon	14. NAME OF HUSBAND OR WIFE
----------------------------------	---------------------------------------	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thos. E. Kirk... Pontiac, Mich.
--	-------------------------	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatism by Train		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Rail Road crossing accident		58 10 /
	DUE TO (c)		27
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 012	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--------------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Weedy Twp. Butler Mich
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 11/24-50 11:57 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Train hit automobile
--	---	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at 11:51A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Carroll Wheeler</i>	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 11/27-50
---	------------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/27/50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Pontiac, Mich.
---	--------------------	------------------------------------	--

DATE REC'D BY LOCAL REG. Nov. 27-1950	REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i>	428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FRANK *COTRELL..... Poplar Bluff, Mo.
---------------------------------------	---	-----	--

RECEIVED

DEC 6 1950

BUTLER CO. HEALTH CENTER

FILE No. 1250-492

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

George W. Greer

Signed.....

Student Embalmer

Licensed Embalmer No. 2964

P. O. Address.....

Butler Pa

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.