

FILED JUL 11 1951

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **20034**No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 5914		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brewer		c. LENGTH OF STAY (in this place) 9 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brewer		0790	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perryville, R.4.				d. STREET ADDRESS (If rural, give location) Perryville, R.4.			
3. NAME OF DECEASED (Type or Print) William		a. (First) August		b. (Middle) Kirn		c. (Last)	
4. DATE OF DEATH June 24, 1951		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 29, 1875	
5. SEX Male		6. COLOR OR RACE White		9. AGE (in years last birthday) 75		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Anton Kirn		13b. MOTHER'S MAIDEN NAME Sarah Schnurbusch		14. NAME OF HUSBAND OR WIFE Rosie Winkler Kirn			
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 George Kirn, Perryville, Mo.			
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) Chronic myocarditis and ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial degeneration DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Apr 1947 , to 24 June 1951 , that I last saw the deceased alive on 24 June 1951 , and that death occurred at 11:40 Am. , from the causes and on the date stated above.	
23a. SIGNATURE James Rudolph (Degree or title) MD		23b. ADDRESS Perryville Mo.		23c. DATE SIGNED 26 June 51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 27, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) Perryville, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey	
DATE REC'D BY LOCAL REG. June 26-1951		REGISTRAR'S SIGNATURE Joe J. Zaehler		25. FUNERAL DIRECTOR'S ADDRESS Perryville, Mo.		25. FUNERAL DIRECTOR'S ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 9 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

1951 JUL 11 11:03

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.....
Student Embalmer

Signed.....
Albert Bey

Licensed Embalmer No. *3866*

P. O. Address *Ferrysville, Miss.*

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.