

FILED OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32407

State File No.

0740
1

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

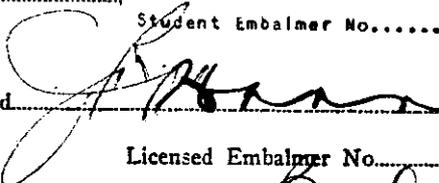
BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>5847</u>		Registrar's No. <u>221</u>		
1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, NODAWAY TWP</u>		c. LENGTH OF STAY (in this place) <u>4 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BURLINGTON JUNCTION</u>		d. STREET ADDRESS (If rural, give location) <u>0740</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PETE HAMPTON HOME</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUNICE</u> b. (Middle) <u>LEORA</u> c. (Last) <u>KIRSCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 18 1952</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 12, 1921</u>		
9. AGE (In years last birthday) <u>31</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		
11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>PETE HAMPTON</u>		13b. MOTHER'S MAIDEN NAME <u>JEWELL YOUNG</u>		
13a. FATHER'S NAME <u>PETE HAMPTON</u>		13b. MOTHER'S MAIDEN NAME <u>JEWELL YOUNG</u>		14. NAME OF HUSBAND OR WIFE <u>ARNOLD KIRSCH</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ARNOLD KIRSCH, BURL. JCT. MO.</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>		
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W.F. Jackson, M.D.</u> (Degree or title)				23b. ADDRESS <u>Marionville Mo.</u>		23c. DATE SIGNED <u>10-2-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-20-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OHIO</u>		24d. LOCATION (City, town, or county) (State) <u>BURLINGTON JCT. MO.</u>		
DATE REC'D BY LOCAL REG. <u>10-4-52</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Mann</u>		ADDRESS <u>Burl. Jct. Mo.</u>		

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed 

Licensed Embalmer No. 2965

P. O. Address Dirk, Feb Mo.

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.