

No. 2
8-43
17-39
X37623

FILED AUG 20 1946
Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ray County Home 5 rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 yrs
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Richmond 0
(If outside city or town limits, write "RURAL")
(d) Street No. County Infirmary 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1946 hour 6:00 P. minute _____ Mr. _____
21. I hereby certify that I attended the deceased from July 28, 1946 to July 4, 1946
that I last saw in Aug 19 7 alive on _____, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis
Duration _____

3. (a) PRINT FULL NAME Ed (n) Kirtley

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorce

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Approximately 80 years hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Fielding Kirtley

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Andy Ballard

(b) Address Sup't. County Home, Richmond

17. (a) Burial (b) Date thereof 8/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County Home Cem.

18. (e) Signature of funeral director Quest-Life F. H.

(b) Address Richmond, Missouri

19. (a) Aug 5-46 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Diabetes Insipidus
Of operations _____
Of autopsy 930
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (Means of injury)
23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 8/5/46

273 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-17-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

George Hill

Licensed Embalmer No. 4060

P. O. Address

Richard Hill

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.