

REC'D MAR 20 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6766

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 400  
(b) Township Prairie Primary Registration District No. 5553B Registered No. 32  
(c) City Little Blue, Mo. (d) Street No. Jackson County Emerg. Hospital  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 1 ds. 12 (If of foreign birth) yrs. mos. da.

## 2. PRINT FULL NAME

Robert Basil Shirk  
(a) Residence, No. Brandreiw, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
1 1/2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Infant  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Blue, Mo.13. NAME Ernest Fredrick Shirk14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belton, Mo.15. MAIDEN NAME Harriet Lucy Hennighs16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandview, Mo.17. INFORMANT Mrs. W<sup>m</sup> Balkart (ADDRESS) Grandview, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Belton, Mo. DATE 2/12, 193919. FUNERAL DIRECTOR E. K. George & Sons (ADDRESS) Grandview, Mo.20. FILED 2-14-1939 William J. Field Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12-193922. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1939, to Feb. 12, 1939I last saw him alive on Feb. 12, 1939. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

Respiratory failure birth  
1618

Other contributory causes of importance: Toxemia of pregnancy of mother ??

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Maurice L. Jones, M. D.(Address) Rural Jackson County, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

\_\_\_\_\_ Licensed Embalmer No. \_\_\_\_\_

**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.)**