S. No. 2
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5742

Registration District No. FILED MAR 14 1940

Primary Registration District No. 3001

Registrar's No. 30

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

1
2
2

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In ~~hospital~~ or ~~institution~~ 302 N. Main (Specify whether
In this community 25 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville
(If outside city or town limits, write "RURAL")

(d) Street No. 302 N. Main
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Kate Rivers.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Chas Rivers

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased July (Month) 24 (Day) 1866 (Year)

8. AGE: Years 73 Months 5 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace Putnam Co (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name James McClure
13. Birthplace — (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Mary Ann Funnell
15. Birthplace — (City, town, or county) England (State or foreign country)

16. (a) Informant Chas Rivers

(b) Address 302 N. Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-40 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Summers & Flinchbaugh

(b) Address Kirksville Mo.

19. (a) 2-13-40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th
year 1940 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from January 1, 1939, to Jan. 11, 1940;
that I last saw her alive on Jan 11, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R. R. Ellis MD (M. D. or other) 1

Address Kirksville Mo Date signed 2/13/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-40-593
Date Filed MAR 12 1940

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~~ W. C. Summers, Registered Apprentice No. ~~2159~~, working under my personal supervision.

Signed W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Kirksville 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, above space should be left blank.