

No. 2  
1-5-43  
5-17-39  
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STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35235-A

**FILED** SEP 19 1946

Registration District No. 588 Primary Registration District No. 5406

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Dunklin  
 (b) City or town Kirk Rural Ind.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Dunklin  
 (c) City or town Kirk Rural Ind.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Varlee Cuff  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 21  
 year 1940 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Sept 1 1940 to Sept 21 1940  
 that I last saw him alive on Sept 21 1940  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Henry Cuff 6. (c) Age of husband or wife if alive 23 years  
 7. Birth date of deceased June 24 1920  
(Month) (Day) (Year)

Immediate cause of death  
Melms Suggests injury to Pignihil  
 Due to stroke on left knee - Dec 39  
injection of injury

Due to \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<u>20</u>	<u>2</u>	<u>25</u>	hr. _____ min. _____

Other conditions  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Henry Kempner  
 13. Birthplace Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Burdie Middleton  
 15. Birthplace Mo  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 558

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Cuff  
 (b) Address Kennett Mo

17. (a) Burial (b) Date thereof 9-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Day Ridge Cem.

18. (a) Signature of funeral director W. H. Davis  
 (b) Address Kennett Mo

19. (a) 10-11-40 (b) W. H. Davis  
(Date received local registrar) (Registrar's signature)

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)  
 (e) Means of injury \_\_\_\_\_

23. Signature W. S. Gilmore (M. D. or other) DO  
 Address Kennett Mo Date signed 10-9-40

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

SEP 10 1946

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**