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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11671

Registration District No. 679 Primary Registration District No. ~~4403~~ 5907 Registrar's No. 62

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

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rural Ant. S
(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 Phelps 81
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Vida Mo 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Albert W. Van Kirk
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race Wh
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Dont Know
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 19 (Day) 1858 (Year)

8. AGE: Years 83 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) / (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name William Van Kirk
13. Birthplace Indiana (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Mary E. Hearn
15. Birthplace N (City, town, or county) Tenn / (State or foreign country)
16. (a) Informant Bert Van Kirk
(b) Address Vida Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29 41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion
18. (a) Signature of funeral director Nelson
(b) Address Rolla Mo
19. (a) 3-29-41 (Date received local registrar) (b) Jos. F. Ayers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 28 year 1941 hour 12 minute 30 P M.
21. I hereby certify that I attended the deceased from March 27, 1941, to March 28, 1941; that I last saw him alive on March 28, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia, right	3 days
Due to Influenza	2 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 James B. Jones (M. D. or other) M.D.
Address Null Bldg., Rolla, Mo. Date signed 3-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 4415-77
Date Filed

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.