

S. No. 2  
OM-5-42  
ev. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36970

FILED DEC 8 1942  
Registration District No. 83

Primary Registration District No. 5314

Registrar's No.

27  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County COOPER  
(b) City or town PRATTLE HOME (RURAL)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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 Missouri (b) County Cooper  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME JAMES M. KIRKPATRICK  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 8  
year 1942 hour 4 minute 9 M.  
21. I hereby certify that I attended the deceased from Nov 9 1942  
that I last saw h..... alive on..... 1942  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
alive..... years  
7. Birth date of deceased 8 10-18-1867  
(Month) (Day) (Year)

Immediate cause of death..... Duration  
Arteriosclerosis  
of Heart 7

8. AGE: Years Months Days If less than one day  
85 2 28 hr. min.

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death) 930

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

Major findings:  
Of operations.....  
Of autopsy.....  
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer  
11. Industry or business.....  
12. Name was Kirkpatrick  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucinda Cole  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant E.R. Kirkpatrick  
(b) Address Prattle Home mo  
17. (a) Burial (b) Date thereof 11-9-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pisgah Christian Com.

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?

18. (a) Signature of funeral director C. Albert Hornbeck  
(b) Address Prattle Home mo  
19. (a) 11-9-1942 (b) Ma. N. L. Ruoyer  
(Date received local registrar) (Registrar's signature)

23. Signature A. K. Wengert M. D. or other.....  
Address Prattle Home Date signed 11-8-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-4-42.....

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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 C. Albert Hornbeck.....

Licensed Embalmer No. 2714.....

P. O. Address Prarie Home 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, fact should be so stated above.