

3. No. 2
4-542
5-17-39

State File No. _____

FILED

JUN 23 1943
Registration District No. 14

Primary Registration District No. 5064

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Liberal RR 2 Leroy
(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 _____
In this community 49 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton Co
(c) City or town Liberal - Leroy Twp
(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 SYLVIA JANE VAN KIRK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas Van Kirk 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 6 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business own home

12. Name Joseph Maurice Porter

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Minerva Kuncant

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant mas Phoebe Hartley
(b) Address Liberal Mo.

17. (a) Burial (b) Date thereof 6-1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Skilop

18. (a) Signature of funeral director J. M. Berkey
(b) Address Millberry, Laingay
19. (a) May 31 - 43 (b) Blanche Sackett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1943 hour 8 minute PM
21. I hereby certify that I attended the deceased from Feb 1st 1943
Feb 1st 4:30 to May 26 4:30
that I last saw her alive on May 26 11:30 PM 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Chronic myocarditis
intertubercular
aneurysm
Due to _____
Due to _____
Other conditions same
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy same

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature J. M. Berkey (M, D, or other) DO.
Address Liberal Date signed May 31st

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

MOTHER FATHER

RECEIVED

Director Health Officer No. 6,

Disposal Number 643-687

Date Filed JUN 2 1943

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 Mae A. Benney.....

Licensed Embalmer No. 2943.....

P. O. Address Mulberry, Kansas.....

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.