

No. 2
M-5-43
5-17-39
1 X38671

FILED MAY 4 1946

Registration District No. **43** Primary Registration District No. **3007**

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Lucy Lee Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Sharwin Ann VanKirk**

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

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **0**

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

7. Birth date of deceased **April 20 1946**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **6** hr. _____ min.

9. Birthplace **Poplar Bluff Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name **Floyd VanKirk**

13. Birthplace **Stoddard Co Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Vena Johnson**

15. Birthplace **Tippeary Ark.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Poplar VanKirk**

(b) Address **Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **4/22/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **hombauer**

18. (a) Signature of funeral director **Greer Croy & Fitch**

(b) Address **Poplar Bluff, Mo.**

19. (a) **5/2/46** (b) **R.H. Muntz**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler** **12**

(c) City or town **Poplar Bluff** **7**
(If outside city or town limits, write "RURAL")

(d) Street No. **1111 Maude St.** **3**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**
year **1946** hour **12** minute **P** M.

21. I hereby certify that I attended the deceased from **Apr 20 46** to **Apr 22 46**
19 **46** to **Apr 22 46** 19 **46**
that I last saw her alive on **April 20 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxiation**
cardiac failure
patent ductus arteriosus

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy **1572**

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? _____

23. Signature **A.D. Mashek M.D.** (Specify type of place) _____
While at work? _____ Means of injury _____
(M. D. or other)

Address **Poplar Bluff Mo.** Date signed _____

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

RECEIVED

District Health Office No. 2,

District File Number 546-576

Date Filed 5-1-46

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.

Not embalmed

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.