

No. 2
M-2.43
5-17-39
X35097

FILED FEB 13 1947

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Community Nursing Home # 1 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

In this community 3 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirkville
(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 Golden

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30 year 1947 hour 3:00 minute 3⁰⁰ A: M.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 12 years (Day) (Year)

7. Birth date of deceased Dec. 18 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-20-44, 1944, to 1-30-47, 1947, that I last saw him alive on 1-29-47, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 1 Days 18
If less than one day hr. min.

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

10. Usual occupation Laborer

Immediate cause of death Hypostatic pneumonia
Senile debility

Due to _____

Due to _____

Other conditions III
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Charlotte Burris

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Boob Jackson

(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 1/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Kirkville, Missouri

19. (a) 2-7-47 (b) Kate Lambert
(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) (a) Means of injury J

23. Signature [Signature] (M. D. or other) DO
Address Kirkville, Mo Date signed 2-3-47

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

RECEIVED
FEB 12 1947
2:47:31.8
No. 10

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 DEERiley

Licensed Embalmer No. 4181

P. O. Address Hicksville 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.