

FILED JUL 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22355

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 211

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town 308 W 6th St. Fulton, Mo.
 (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 61 Years
 (Specify whether years, months or days)
 In this community 61 Years
 years, months or days)

3. (a) PRINT FULL NAME Emma Elizabeth Backer

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: Dec. 18 1865
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	6	26	hr. min.

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

10. Usual occupation: at home

MOTHER FATHER

11. Industry or business: _____

12. Name: William Hugh Kirk

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

14. Maiden name: Emma Elizabeth Winston
 (City, town, or county) (State or foreign country)

15. Birthplace: South Wales England
 (City, town, or county) (State or foreign country)

16. (a) Informant: Wallace C. Backer

(b) Address: 308 W 6th St. Fulton, Mo.

17. (a) Burial (b) Date thereof: 7-17-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hillcrest

18. (a) Signature of funeral director: Wallace General Home
 (b) Address: 308 W 6th St. Fulton, Missouri

19. (a) 7-18-48 (b) Joey Montague
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14
 (c) City or town Fulton 1
 (If outside city or town limits, write "RURAL") 1
 (d) Street No. 308 W 6th St. 0
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
 year 1948 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 3rd to July 16, 1948
 that I last saw her alive on July 15, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: Paralysis Duration _____

Due to: Chronic nephritis

Due to: arterio sclerosis

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: 131 B

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury: _____

Signature: W. C. Backer (M. D. or other) _____
 Address: Fulton Mo Date signed: 7/14/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 26 1948

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.....

Walter J. Haines, Jr., Registered Apprentice No. *82*
working under my personal supervision.

Signed *Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton, Md*

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.