

Registration District No. 568 Primary Registration District No. 6149

1. PLACE OF DEATH  
(a) County Texas Co. Mo.  
(b) City or town Rural Sherrill 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 \_\_\_\_\_ (Specify whether)  
In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Texas 107  
(c) City or town Rural Sherrill Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Maples  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN BRADLEY KIRK  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race W.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive years  
(Month) (Day) (Year)  
7. Birth date of deceased Aug. 25 1873  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 15 day Apr  
year 1941 hour 6:00 minute 12 P.M.  
21. I hereby certify that I attended the deceased from Apr 14 1941 to Apr 15 1941  
that I last saw him alive on Apr 14 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
67 7 20 hr. min.

Immediate cause of death Infection  
Due to Cold  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace North Carolina Tenn. 1  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
12. Name William Kirk  
13. Birthplace North Carolina 1  
(City, town, or county) (State or foreign country)  
14. Maiden name May Bookout  
15. Birthplace Weekly Co. Tenn. 1  
(City, town, or county) (State or foreign country)  
16. (a) Informant Harry  
(b) Address of informant  
17. (a) Burial (b) Date thereof 4-17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Concord Cemetery  
18. (a) Signature of funeral director Herbert Trautman  
(b) Address Salem, Mo.  
19. (a) 4/15/1941 (b) J. L. Reed  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? 776 (Specify type of place)  
(d) Means of injury \_\_\_\_\_  
23. Signature J. L. Reed (M. D. or other)  
Address \_\_\_\_\_ Date signed 4/15/41

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

RECEIVED

District Health Officer No. 5,

District File Number 5411633

Date Filed \_\_\_\_\_

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 \_\_\_\_\_

*N. D. Johnson*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *N. D. Johnson*

Licensed Embalmer No. 928

P. O. Address Adelphi, 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.