

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Hennry

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hennry

(c) City or town Clinton Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 213 W Jeff _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JAMES MADISON KIRKSEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1941 hour 1 minute 0 A. M.

21. I hereby certify that I attended the deceased from July 11, 1941,
that I last saw him alive on July 10, 1941,
and that death occurred on the date and hour stated above.

4. Sex MD 5. Color or race W

6. (a) Single, widowed, married, divorced mar b

6. (b) Name of husband or wife Bernice B

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

7. Birth date of deceased Feb 26 1882
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to Hypertension + arterio-sclerosis

Other conditions none

Major findings: Of operations none

Of autopsy none

8. AGE: Years 59 Months 4 Days 16 If less than one day _____ hr. _____ min.

Duration 29 years

Physician _____

Underline the cause to which death should be charged statistically.

9. Birthplace Fair Play Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Paul Road work

11. Industry or business _____

12. Name James Madison Kirksey

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Trasel

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J M Kirksey

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 7-13-41
(Burial, cremation, or removal) (Month) (Day), (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Conradus Weep

(b) Address _____

19. (a) 7-19-41 (b) D J Kirksey
(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) no

(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?
312 - none
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature S. B. Hughes (M. D. or other) M.D.
Address Clinton, Mo Date signed 7/11/41

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

JUL 22 1944

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.....

J. E. Consalvo

Licensed Embalmer No.....

891

P. O. Address.....

Clinton, 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.