No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34742

Registration District No. 218 | Primary Registration District No. 3015 | Registrar's No. 135

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

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Boonville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 01 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 111 Days. (Specify whether years, months or days) In this community: 111 Days.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cooper
(c) City or town: Bunceton, (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME: William Thomas Kirby.
3. (b) If veteran, name war:
3. (c) Social Security No. 496-09-7215
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. (Month) 27th (Day) 1903 (Year)
8. AGE: Years 38 | Months | Days 20 | If less than one day hr. min.
9. Birthplace: Bunceton, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation: W. P. A. Foreman.
11. Industry or business:
MOTHER FATHER
12. Name: Patrick H. Kirby.
13. Birthplace: Indiana. (City, town, or county) (State or foreign country)
14. Maiden name: Ella H. Hayes.
15. Birthplace: Cooper County, Missouri. (City, town, or county) (State or foreign country)
16. (a) Informant: Henry P. Kirby.
(b) Address: Pleasant Green, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 19/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Masonic Cem, Bunceton, Mo.
18. (a) Signature of funeral director: Goodman & Baller
(b) Address: Boonville, Mo.
19. (a) 10-18-41 (Date received local registrar) (b) D. Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th. year 1941 hour 10 minute 0 a. M.
21. I hereby certify that I attended the deceased from July 1st, 1941, to Oct 17, 1941; that I last saw him alive on Oct 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Sub-acute Bacterial Endocarditis — Duration
Due to: Rheumatic fever.
Due to:
Other conditions (Include pregnancy within 3 months of death): 9 | 0
Major findings: Of operations: none
Of autopsy: none

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Wesley Barton (M. D. ~~coroner~~)
Address: Boonville, Mo. Date signed 10/18/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11-8-41

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. W. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.