

FILLED NOV 6 1941

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town WEBB CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
825 WEST FIRST ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bradford Claudius Kirby

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

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

6. (b) Name of husband or wife Lucy Kirby 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 29 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Barber

11. Industry or business _____

12. Name Walter Kirby

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

14. Maiden name Mary Crank

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

16. (a) Informant Lucy Kirby

(b) Address 825 West St. Ct.

17. (a) Burial (b) Date thereof Oct 120 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OZARK MEMORIAL CEMETARY

18. (a) Signature of funeral director Walter Kirby

(b) Address Webb City Mo

19. (a) OCT-18; 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City 049
(If outside city or town limits, write "RURAL")
(d) Street No. 825 West St 6
(If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1941 hour 11:20 minute P. M.

21. I hereby certify that I attended the deceased from 9-4 1941 to 10-17 1941
that I last saw him alive on 10-17-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia (Permissiva)

Due to unknown

Due to _____

Other conditions 73a
(Include pregnancy within 3 months of death)

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? _____ (Specify type of place) (e) Manner of injury 100

23. Signature [Signature] (M. D. or other) 100

Address 205 W. [unclear] Date signed 10-15-41

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

19
6
2

41-11-892.

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.....

A. K. Mills

Licensed Embalmer No. *347*

P. O. Address *Abbe Cott. Mo.*

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

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