

FILED NOV 13 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 577.3

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Miller  
(b) City or town Morgan  
(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 \_\_\_\_\_ (Specify whether)  
In this community all his life (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller  
(c) City or town Princeton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Albert Kirtley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased \_\_\_\_\_

Dec 10 1864  
(Month) (Day) (Year)

8. AGE:

Years 77 Months 9 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_

(City, town, or county)

Mo A (State or foreign country)

10. Usual occupation \_\_\_\_\_

Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name \_\_\_\_\_

Sinclair Kirtley

13. Birthplace \_\_\_\_\_

(City, town, or county)

Mo A (State or foreign country)

14. Maiden name \_\_\_\_\_

unknown

15. Birthplace \_\_\_\_\_

(City, town, or county)

unknown (State or foreign country)

16. (a) Informant \_\_\_\_\_

Jane Holmes

(b) Address \_\_\_\_\_

Princeton, Mo

17. (a) Buried (Burial, cremation, or removal)

(b) Date thereof Oct 4 1942 (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

Pleasant Ridge

18. (a) Signature of funeral director \_\_\_\_\_

Neil Moss

(b) Address \_\_\_\_\_

Princeton, Mo

19. (a) 10-5-42 (Date received local registrar)

(b) Jessie Alley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic nephritis

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no

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)

(c) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_

J.M. Perry (M. D. or other) \_\_\_\_\_  
Address Princeton, Mo Date signed 10/10/42

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

65  
0  
0

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Hal Mason

Licensed Embalmer No. 2634

P. O. Address Puncheon, 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.**