

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35048

State File No. _____

Registrar's No. 1

FILED NOV 11 1942

Registration District No. 354

Primary Registration District No. 4519

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Cabool, Mo.
(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 30 years, months or days

3. (a) PRINT FULL NAME Hubbard Elmer McKirrey

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

4. Sex M 5. Color or race w. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Georgia 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased JAN 8 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Texas Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Dairy Farmer

11. Industry or business _____

12. Name William McKirrey

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

14. Maiden name Mary Johnson

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

16. (a) Informant Mrs. Georgia McKirrey
(b) Address Cabool Mo

17. (a) Burial (b) Date thereof Oct 21 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabool Mo

18. (a) Signature of funeral director Raymond V. Elliott
(b) Address Cabool Mo

19. (a) Oct 20-1942 (b) Mrs. Don Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas
(c) City or town Cabool
(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.? 0 years.

MEDICAL CERTIFICATION

10. DATE OF DEATH: Month Oct day 19
year 1942 hour _____ minute 9 M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Oct 19 1942
that I last saw him alive on Oct 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131 lb

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Dr. Elmer (M. D. or other) _____

Address Cabool Mo Date signed Oct 20 1942

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 3

District File Number 1142982

Date Filed 11-10-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.