

FILED FEB 11 1943
Registration District No. 294

Primary Registration District No. 3056

88
536

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

1. PLACE OF DEATH:

(a) County RANDOLPH
(b) City or town MOBERLY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WOODLAND HOSPT. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 MRS.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. S. WASHINGTON ST.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK LEE KIRBY

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 MARRIED
6. (b) Name of husband or wife ESTHER KIRBY 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased OCT 14, 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 25 If less than one day hr. _____ min. _____

9. Birthplace STONTSVILLE MO. O
(City, town, or county) (State or foreign country)

10. Usual occupation OWNER OF RETAIL DRUG STORE

11. Industry or business

MOTHER FATHER { 12. Name GEO. M. KIRBY
13. Birthplace MO. O
(City, town, or county) (State or foreign country)
14. Maiden name MALINDA HALL
15. Birthplace KY I
(City, town, or county) (State or foreign country)

16. (a) Informant H. L. Meese

(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof JAN. 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speedor Blakey
(b) Address PARIS, MO.

19. (a) 1-10-43 (b) Ima Hale
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 9
year 1943 hour 7 minute 10 P. M.
21. I hereby certify that I attended the deceased from Sept. 1,
1942 to Dec. 9, 1942
that I last saw him alive on Dec 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy with
left Hemiplegia
Due to _____

Due to Diabetes Mellitus 6 yrs.

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature F. A. Barnett (M. D. MO.)
Address PARIS, MO. Date signed 1-10-43

RECEIVED

District Health Officer No. 10

District File Number 2-43-208

Date Filed FEB 10 1940

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.