

FILED NOV 1 1943/49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4441 Harrison  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 70 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4441 Harrison  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas P. Kirby

3. (b) If veteran, name war none 3. (c) Social Security No. none

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 April 8, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 6 0 hr. \_\_\_\_\_ min.

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

10. Usual occupation Clerk

11. Industry or business Office-Railroads

MOTHER FATHER { 12. Name Patrick J Kirby  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Lucitt  
15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary A. Kirby

(b) Address 4441 Harrison

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

(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director Joyce Funeral Home

(b) Address 3146 Main Street

19. (a) 10-11-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8th  
year 1943 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct. 4 to Oct. 8, 1943  
that I last saw him alive on Oct. 8, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to Arteriosclerosis

Other conditions: 94A  
(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) (Means of injury)

23. Signature John O Skemmer (M.D. or other)  
Address Kennett Date signed 11/10/43

**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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. 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.**