S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31142

FILED OCT 13 1944

Registration District No. 11-15

Primary Registration District No. 5580

Registrar's No.

1. PLACE OF DEATH
(a) County Jasper
(b) City or town Carl Junction R.I.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Twin Springs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper
(c) City or town Carl Junction Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi N.W. Carl Junction
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Harve Kirby

3. (b) If veteran, name war

3. (c) Social Security No. 500-09-3958

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Adelia Kirby

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct. (Month) 12 (Day) 1877 (Year)

8. AGE: Years 66 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Indianapolis, Rural (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Benjamin Franklin Kirby

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

14. Maiden name No Record

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

16. (a) Informant Mrs. Adelia Kirby
(b) Address Carl Junction, Mo. R.I.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 16 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director RONEY FUNERAL SERVICE
(b) Address Carl Junction, Mo.

19. (a) Sept. 16, 1944 (Date received local registrar) Mrs. Lillie Lagle (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1944 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug. 1 1944 to Sept. 14 1944 that I last saw him alive on Aug. 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 6 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury?

23. Signature F. L. Miller (M. D. or other)
Address Joplin Mo. Date signed 9-14-44

44-10-793

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.