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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1945

Registration District No. 37

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9776

Primary Registration District No. 30-23-5507

Registrar's No. 67

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

1. **PLACE OF DEATH:**
(a) County Henry Co
(b) City or town Labue mo Davis Tu
(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
years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Benton 8
(c) City or town Fairfield mo 0 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John William Kirby
3. (b) If veteran, name war
3. (c) Social Security No. 496-16-7577

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Sarah
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 13 (Day) 1873 (Year)

8. AGE: Years 72 | Months X | Days 11 | If less than one day hr. min.

9. Birthplace Montana Co (City, town, or county) mo 1 (State or foreign country)
10. Usual occupation watchman
11. Industry or business

FATHER
12. Name Charles C Kirby
13. Birthplace St Louis Co (City, town, or county) mo 0 (State or foreign country)

MOTHER
14. Maiden name Martha adamson
15. Birthplace St Louis Co (City, town, or county) mo 1 (State or foreign country)

16. (a) Informant Mrs Audie McKnight
(b) Address Fairfield mo
17. (a) Burial removal (Burial, cremation, or removal) (b) Date thereof 3-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Fairfield mo
18. (a) Signature of funeral director Conyers & Peak
(b) Address Clinton Mo
19. March 24-1945 (Date received local registrar) Myrtle Browder (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 24
year 1945 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Deceased was killed instantly from a broken neck when struck by a train as he was driving truck
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
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) Accident
(b) Date of occurrence 3/24/45
(c) Where did injury occur? Labue (City or town) Henry (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railroad Crossing
(Specify type of place)
While at work? yes (e) Means of injury Train

23. Signature Dr. R. B. Hall (M.D. or Coroner)
Address Clinton Mo Date signed 3/24/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-45-280
Date Filed 4-9-45

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 J E Agnew

Licensed Embalmer No. 1891

P.O. Address Clinton 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.