

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED NOV 28 1945 STANDARD CERTIFICATE OF DEATH

38294

State File No. _____
Registrar's No. 188

Registration District No. 3056 Primary Registration District No. 2943056

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moherly
(If outside city or town limits, with "RURAL" and name of township)

(c) Name of hospital or institution: 319 East Reed 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moherly
(If outside city or town limits, with "RURAL")

(d) Street No. 319 East Reed
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME THOMAS KIRBY

3. (b) If veteran, name war none

3. (c) Social Security No. 486-12-3480

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
year 1945 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-1-45 to 10-8-45 1945
that I last saw him alive on 10-9-45 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mae Kirby alive 46 years

7. Birth date of deceased June-16-1899
(Month) (Day) (Year)

Immediate cause of death Malignant Heart Disease
Tuberculous lungs

Due to _____

Due to _____

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

8. AGE: Years 52 Months 3 Days 23 hr. _____ min. _____
If less than one day

9. Birthplace Thomas Hill MO
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Major findings:
Of operations _____

Of autopsy W/O

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Jim Kirby

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

14. Maiden name Mary Spencer

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

16. (a) Informant Mrs. Thomas Kirby

(b) Address 319 E. Reed Moherly MO

17. (a) Burial (b) Date thereof Oct 12 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jacksonville MO

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

(b) Address Moherly Missouri

19. (a) 10-12-45 (b) John Williams
(Date received local registrar) (Registrar's signature)

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: J. Williams (M. D. or other) J.D.
Address Moherly MO Date signed 10-12-45

JUL 23 1945

RECEIVED

District Health Officer No. 10.

District File Number 11-45-1662

Date Filed NOV 23 1945

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. 4117

P. O. Address Maoberly 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.