

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17268

FILED JUN 13 1946

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
632 W. Woods
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn
(c) City or town Bucklin
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Herman Kirby
3. (b) If veteran, name war -
3. (c) Social Security No. 709-18-3253

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 3
year 1946 hour 6 minute 42 P.
21. I hereby certify that I attended the deceased from
3-15 1946 to 5/3 1946
that I last saw him alive on 5/3 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nancy M. Quinn
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased February 1 1891
(Month) (Day) (Year)

Immediate cause of death Acute Myocardial
Inferior Wall Myocardial Infarction
Due to Tuberculosis of Cervical
spinal Area by
Due to Tuberculosis Pulmonary
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 52 Months 5 Days 3
If less than one day hr. _____ min. _____

Duration 20 days
Physician 13/K
Underline the cause to which death should be charged statistically.

9. Birthplace Ethel Mo
(City, town, or county) (State or foreign country)
10. Usual occupation R.R. Section Laborer

11. Industry or business _____
12. Name James Oscar Kirby
13. Birthplace Macon Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Louise King
15. Birthplace Macon Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Kirby
(b) Address Brookfield Mo
17. (a) Burial (b) Date thereof May 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

Major findings:
Of operations _____
Of autopsy none

(c) Place: burial or cremation St. Michaels
18. (a) Signature of funeral director James M. Laughlin
(b) Address Moxoline Mo
19. (a) 5/4/46 (b) Evelyn Kelley, Deputy
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature L. B. Finch (M. D. or other) DD
Address Brookfield Mo Date signed 5/11/46

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

MOTHER FATHER

169

(Licensed Embalmer's Statement on Reverse Side)

1946

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Dale Bunch

Licensed Embalmer No.....

4088

P. O. Address.....

Marceline

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.