No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23670

FILED AUG 11 1947

Registration District No. 1

Primary Registration District No. 5247

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Chariton County

(b) City or town Clifton Hill--Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Salisbury Twp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 14 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21

(c) City or town Thomas Hill---Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Elisha Parke Kirby

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex male

5. Color or race white

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

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

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

7. Birth date of deceased November (Month) 15 (Day) 1880 (Year)

8. AGE: Years 66 | Months 7 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation general farm laborer

11. Industry or business .....

FATHER
12. Name Joseph Terry Kirby
13. Birthplace Madison County (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Jenevia Twyman
15. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs. Allie Deveraux

(b) Address Huntsville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/27/1947 (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) 6/25/47 (Date received local registrar) (b) G. W. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1947 hour 8:00 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from 6-25-21, 1947, to 6-25-, 1947; that I last saw him alive on 6-25-, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Embolus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

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 0

23. Signature G. W. Hawkins (M. D. or other)

Address Salisbury Date signed 6/27/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-8-47

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.