

No. 2
1/47
17-39

FILED JUN 21 1948
Registration District No. **287**

Primary Registration District No. **3049**

Registrar's No. **48**

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti
(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 35 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 79

(c) City or town Hayti 2
(If outside city or town limits, write "RURAL") 1

(d) Street No. 1 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Wiley Harrison Kirby

3. (b) If veteran name war no

3. (c) Social Security No. 498-09-0666
and 43-0356073

4. Sex Male 5. Color of hair White

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

(b) Name of husband or wife Dollie Kirby 6. (c) Age of husband or wife if alive 53 years

7. Birth date of decease August 2nd 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>10</u>	<u>0</u>hr.min.

9. Birthplace Carroll County Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Oil Worker

MOTHER FATHER

11. Industry or business

12. Name Daniel W Kirby 9

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

14. Maiden name Dollie

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

16. (a) Informant Mrs Dollie Kirby

(b) Address Hayti, Mo

17. (a) Burial (b) Date thereof 6/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Mo

18. (a) Signature of funeral director John H. Kerman

(b) Address Hayti, Mo

19. (a) 6-21-48 (b) John W Kerman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1948 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 2, 1948 to June 2, 1948
that I last saw him alive on June 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death General Contracture

Due to Perforated Ulcer of stomach

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 11/76

Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 J. B. Bond (M. D. or other)

Address Hayti, Mo Date signed 6/10/48

6-48-184

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 _____

John H. German

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.