

FILED JUL 1 1947
316

Registration District No. 316

Primary Registration District No. 4191

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Jessie A. Kirby

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased July 28, 1886
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Greene Co. Mo.
(City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name H. L. Ryan

13. Birthplace Greene Co. Mo.

14. Maiden name Arizona Harrison (State or foreign country)

15. Birthplace Polk Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant W. A. Kirby

(b) Address Ash Grove, Mo.

17. (a) Burial (b) Date thereof April 3, 1938
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove, Mo.

18. (a) Signature of funeral director Trogdon-Morris-Leiman
(b) Address 1938 Ash Grove, Mo.

19. (a) April 2, 1948 (b) Mrs Leonard Jones
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 1
year 1938 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from April, 1
1938 to April 1, 1938
that I last saw her alive on April 1, 1938
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertroid Heart
Duration 20
1930

Due to Toxic Hyper Thyroid

Due to _____

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

Major findings: Of operations none
What test confirmed diagnosis? Chloride
Of autopsy No Autopsy.

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Dr Charles H. Orr (M. D. or other) M.D.
Address Ash Grove, Mo. Date signed _____

State of Missouri)
County of Greene) SS

On this 28th day of June, 1947, I, Irene H. Wilson, Registrar of Boone #5452 of Ash Grove #4200, County of Greene, State of Missouri hereby certify that the foregoing is a full true and complete copy of the Local Registrar's Report as the same appears of record in my office at Ash Grove, Missouri recorded in REGISTER OF DEATHS from Jan 1, 1938 to Dec. 23, 1938.

Further certify that I furnished said certified copy in response to letter from the Division of Health of Missouri under date of June 26, 1947 said letter being addressed to Mrs Ruth Pickering, Ash Grove, Mo and stating that death of said Jessie A. Kirby was not recorded at Jefferson City, Mo.

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Further certify not.

Done at Ash Grove, Missouri this 28th day of June, 1947. *Irene H. Wilson* Registrar

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.