

OCT 23 1940  
Registration District No. 1

Primary Registration District No. 1

Registrar's No. 210

1. PLACE OF DEATH

(a) County Adair  
(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
416 N. MULANIX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 YEARS (Specify whether  
In this community 40 YEARS  
years, months or days)

3. (a) PRINT FULL NAME Emma Virginia Kent

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 17 1869  
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Schuyler County Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business Domesticity

12. Name Daniel Kent

13. Birthplace Dangann Co. Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Lebra Myers

15. Birthplace Morrow Co. Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Jane Myers

(b) Address Green City, Mo.

17. (a) BUBIAN (b) Date thereof 9-10-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

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

(b) Address Kirksville, Mo.

19. (a) Sept 10 40 (b) Spencer L. Freeman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ADAIR  
(c) City or town KIRKSVILLE  
(If outside city or town limit, write "RURAL")  
(d) Street No. 416 N. MULANIX  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8th  
year 1940 hour 11 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 16th  
\_\_\_\_\_, 1940 to Sept 8th, 1940  
that I last saw her alive on Sept 8th, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 9 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 4/5  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of 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? 3

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature Frank L. Norris (Name or other) D.O.  
Address Kirksville Mo Date signed Sept 9th

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-40-2016.

Date Filed OCT 24 1940

FEB 26 1950

**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

*Harold V. Hegal*

Licensed Embalmer No.

*4076*

P. O. Address

*Kirkville, Mo.*

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, above space should be left blank.