

WRITE IN INK—USE UNWRAPPING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1940 OCT 12 11:50 AM

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31780

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 240

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Marys Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day (Specify whether)

In this community About two years
years, months or days

3. (a) PRINT FULL NAME Mildred Carstens Kirby

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John V Kirby

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December 28 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

48	4	7	hr. min.
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9. Birthplace Detroit M Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name H. H. Henry Carstens

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

14. Maiden name Hattie Robbert

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

16. (a) Informant's own signature John V Kirby

(b) Address New Bloomfield, Missouri.

17. (a) Removal (b) Date thereon September 3
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Detroit, Michigan,

18. (a) Signature of funeral director Ray C Holt

(b) Address New Bloomfield, Mo.

19. (a) 9/16/40 (b) Thomas Kelly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Coleway

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1 1/2 miles south New Bloomfield
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2
year 1940 hour 5 PM

21. I hereby certify that I attended the deceased from Aug 26
1940, to Sept 2nd, 1940
that I last saw her alive on Sept 2nd, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (general)

Due to Carcinoma Breast.

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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)

Means of injury _____

23. Signature Thomas Kelly M.D. (M. D. or other)

Address Jefferson City Mo Date signed Sept 17 40

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.....

Ray A. Holt

Licensed Embalmer No. *2603*

P. O. Address *Ben Bloomfield*

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, above space should be left blank.