No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36073

FILED NOV 25 1940

Registration District No. 692 Primary Registration District No. 4414 Registrar's No.

1. PLACE OF DEATH:

(a) County: Platte Co.

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

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days) 2

In this community: 80 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Platte

(c) City or town: Dearborn, Mo. No (If outside city or town limits, write "RURAL")

(d) Street No.: General Delivery (If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME: Nannie 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: Widowed

6. (b) Name of husband or wife: George W. Kirby

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

7. Birth date of deceased: Feby. - 11 - 1857 (Month) (Day) (Year)

8. AGE: Years: 83 Months: 6 Days: 22 If less than one day: hr. min.

9. Birthplace: Buchanan Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: House Keeping

11. Industry or business: None

FATHER 12. Name: Milton Murphy

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

MOTHER 14. Maiden name: Louise Christopher

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

16. (a) Informant: Geo W. Kirby Jr.

(b) Address: Liberty, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept-5-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Dearborn, Missouri

18. (a) Signature of funeral director: Lucian Davis

(b) Address: Dearborn, Missouri

19. (a) Sept. 4th. (Date received local registrar) (b) Oct 3 1940 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 3 year: 1940 hour: 1 : minute: 0 M.

21. I hereby certify that I attended the deceased from August 29th, 1940 to Sept. 3, 1940, that I last saw her alive on Sept. 3-2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorhage	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: none

Of autopsy: none

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): No

(b) Date of occurrence: None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? No (e) Means of injury: None

23. Signature: S. L. Durham (M. D. or other)

Address: Dearborn Mo Date signed 9-4-40

(Licensed Embalmer's Statement on Reverse Side)

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 Me

, Registered Apprentice No. ✓

working under my personal supervision.

Signed Lucian Davis

Licensed Embalmer No. 4160

P. O. Address Dearborn, Missouri

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.