

S. No. 2
4-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2055

State File No.

FILED JAN 20 1943
94

Registration District No.

Primary Registration District No. 4157

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Dadeville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: me
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution me (Specify whether
In this community 50 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Dadeville
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Laura Etta Kirby

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

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Fred W. Kirby
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased Sept 12 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 21 hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business General housekeeping

12. Name Amos J. Walker

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

14. Maiden name Martha J. Love

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

16. (a) Informant Lee A. Kirby

(b) Address 1709 N Campbell Springfield Mo

17. (a) Burial (b) Date thereof Jan 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dadeville Cemetery

18. (a) Signature of funeral director James A. Brown

(b) Address Dadeville Mo

19. (a) Jan 4 1943 (b) Mrs Nora Pyle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1943 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec 28 1942
Jan 2 1943 to Jan 2 1943
that I last saw her alive on Jan 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apathy flexy
Diabetic
Due to Diabetic 13 yrs

Due to
Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (6) Means of injury ()

23. Signature B.B. Kirby (M. D. or other)
Address Dadeville Mo Date signed 1/4/43

Duration

4 da

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number 143-67

Date Filed JAN 16 1943

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 Gene A. Brins

Licensed Embalmer No. 2664

P. O. Address Waverly

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.