No. 2
4-13-40
5-17-39

25078

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2

AUG 4 1943

Registration District No. 382

Primary Registration District No. 4230

Registrar's No. 18

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

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Armstrong
(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
In this community All her life since 10 yrs of age (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Armstrong
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Grace Morrison 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~~ Yes 2
6. (b) Name of husband or wife Francis Marion Kirby
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased March (Month) 23 (Day) 1876 (Year)

8. AGE: Years 67 Months 3 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace Ray Co. Richmond (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business X
FATHER
12. Name Charlie Morrison J.
13. Birthplace Chariton Co. (~~City, town,~~ or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Gertrude Downey
15. Birthplace Howard Co. (~~City, town,~~ or county) Missouri (State or foreign country)
16. (a) Informant Gladys Littrell
(b) Address Moberly, Missouri
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof July 7, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Chapel Cemetery
18. (a) Signature of funeral director A. H. Oldaker
(b) Address Armstrong Mo.
19. (a) 8/9/43 (Date received local registrar) (b) Reo Raines (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1943 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from Nebraska 17th, 1942 to July 5, 1943 that I last saw her alive on July 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Vulva and
Due to Metastases to Inguinal Glands
Due to
Other conditions
(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.

49d

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

23. Signature W. M. Dickerson O (M. D. ~~or other~~)
Address Armstrong Mo. Date signed 7/7/43

1319 (Licensed Embalmer's Statement on Reverse Side)

AUG 4 1945

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 A. H. Oldaker

Licensed Embalmer No. 1667

P. O. Address Armstrong, Mo

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

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