

Registration District No. 3

Primary Registration District No. 4154

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Dade  
(b) City or town Greenfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Allison Street 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Home of Daughter (Specify whether  
In this community 3 weeks  
years, months or days)

3. (a) PRINT FULL NAME

Juliet A. 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 Joseph B. Kirby

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

7. Birth date of deceased Sept 7, 1853  
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Doulling Green Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business House work

12. Name Daniel Patten

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

14. Maiden name Elizabeth Johnson

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

16. (a) Informant Eldert Kirby

(b) Address Dadeville Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30, 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Dadeville Cemetery

18. (a) Signature of funeral director William D. Carver

(b) Address Dadeville Mo.

19. (a) Aug 30, 43 (Date received local registrar) (b) Phyllis Lach (Registrar's signature)

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. East part of Dadeville  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30  
year 1943 hour 4:15 minute a. M.

21. I hereby certify that I attended the deceased from Aug 29 1943 to Aug 30 1943  
that I last saw her alive on Aug 29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

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

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

Other conditions 162 lb  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_ (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) (e) Means of injury \_\_\_\_\_

23. Signature J. O. Cowan (M. D. or other) \_\_\_\_\_

Address Laurelwood Mrs Date signed 8-30-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

29  
1  
0

FILED SEP 10 1943

RECEIVED

District Home Address No. G.

District File Number 943-1012

Date Filed SEP 9 1943

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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, Richard P. Erwin

Licensed Embalmer No. 3092

P. O. Address, Rollins, Mo.

**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.