

FILED NOV 13 1944

Primary Registration District No. 5578

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Duenweg  
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution 77 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Jane Kirk

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 widowed

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased November 4, 1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 12  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Solomon H. Webb

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

14. Maiden name Cecelia Hardy

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

16. (a) Informant Grace Kirk

(b) Address Duenweg, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/18/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Harmony Grove Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) Oct. 18, 1944 (Date received local registrar) (b) Mrs. Lilla Sage (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Duenweg  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16  
year 1944 hour 4 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 7  
1944 to Oct 16 1944  
that I last saw h. ex alive on Sept 7 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis  
6 weeks  
Duration

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

Due to 83k

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

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

23. Signature R. M. Stornal (M. D. or other) 0  
Address Webb City Date signed 10/18/44

44-11-887

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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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Joplin 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.**