

S. No. 2
DM-9-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2566

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution Jenn Church Hospital
(d) Length of stay: In hospital or institution 17 1/2 days
In this community 1 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Mt Vernon 5531
(d) Street No. _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALETHE LUCRETIA KIRBY
3. (b) If veteran, name war X
3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 2
year 45 hour 7 minute 30 P M.
21. I hereby certify that I attended the deceased from 1-1-1945 to 1-2-1945
that I last saw her alive on 1-2-1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Simon Kirby
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased July 15 1860
(Month) (Day) (Year)

Immediate cause of death Terminal Pneumonia
Duration _____

8. AGE: Years 84 Months 7 Days 15
If less than one day hr. _____ min. _____

Due to _____
Due to 111C
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Mt Vernon Lawrence Mo U
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation At Home

11. Industry or business Jasper

12. Name Knox Gibson

13. Birthplace Jenn (State or foreign country)

14. Maiden name Jane Lawrence

15. Birthplace Jenn (State or foreign country)

16. (a) Informant Dale Ruby
(b) Address 7th & Remond, Mo

17. (a) Removal (b) Date thereof July 2-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Geo J. Penland
(b) Address Mt Vernon Mo

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) means of injury _____
23. Signature Willie Page (M. Emb or other) _____
Address Webb City, Mo Date signed 1/4/45

19. (a) Jan 2 1945 (b) Willie Page
(Date received local registrar) (Registrar's signature)

1180 (Licensed Embalmer's Statement on Reverse Side)

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

45-1-101

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..... *Geo B Orr*
Licensed Embalmer No. *946*
P. O. Address..... *Mr Vernon Mc*

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.