

S. No. 2
OM-3-43
v. 5-17-39
I X37823

13956

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 68

Registration District No. 209

Primary Registration District No. 3043

64
3
4

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution 3707 Mohawk 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3707 Mohawk 4
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary L Kirby

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1945 hour 9:00 minute 9 AM.

21. I hereby certify that I attended the deceased from 1-5 1945 to Feb. 21 1945
that I last saw her alive on Feb. 13 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, Divorced Widow

(b) Name of husband or wife Thomas Edward Kirby 6. (c) Age of husband or wife if
alive deceased years 1858

7. Birth date of deceased Dec. 29 1858
(Month) (Day) (Year)

Immediate cause of death Chronic nephritis

Due to Senility

8. AGE: Years 86 Months 1 Days 22 If less than one day
hr. _____ min. _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Avery Saunders

13. Birthplace Unknown West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Susan Langford

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

16. (a) Informant Mrs. Mary L. Jacob

(b) Address P. Parsons, Libana

17. (a) Burial (b) Date thereof Feb. 24, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View BURIAL PARK

18. (a) Signature of funeral director Roy P. Schwart

(b) Address Hannibal, Missouri

19. (a) 3-7-45 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

Major findings: 93d

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? _____

(e) Means of injury _____ (Specify type of place)

23. Signature A. B. Blue (M. D. or Other) _____
Address Hannibal Mo Date signed 2-22-45

PHYSICIAN
Underline the cause to which death should be charged statistically.

11x6

(Licensed Embalmer's Statement on Reverse Side)

8

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

Jack H. Lukens

Licensed Embalmer No. *4110*

P. O. Address *Hannibal, 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.