S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 29 1945

STANDARD CERTIFICATE OF DEATH

State File No. 37225

Registration District No. 128 Primary Registration District No. 5466 Registrar's No. 934

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Rural, S. Campbell Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days) In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Christian
(c) City or town Sparta (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Helen Louise Kirby
3. (b) If veteran, name war None
3. (c) Social Security No. UNK.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lawrence Kirby
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Dec. (Month) 26 (Day) 1913 (Year)

8. AGE: Years 31 Months 11 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace Garrison (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name David Harmon
13. Birthplace UNK. (City, town, or county) UNK. (State or foreign country)
14. Maiden name Margret Adams
15. Birthplace UNK. (City, town, or county) UNK. (State or foreign country)
16. (a) Informant Husband Lawrence Kirby
(b) Address Sparta, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Sparta Cem.
18. (a) Signature of funeral director T. B. Shelton
(b) Address Ozark, Mo.
19. (a) 11-14-45 (Date received local registrar) (b) K M Harding (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1945 hour 3 minute 40 A.M.
21. I hereby certify that I attended the deceased from Nov. 10, 1945 to Nov. 13, 1945 that I last saw her alive on Nov. 13, 1945 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Acute myocardial failure
Due to Thyrotoxicosis
Due to
Other conditions (Include pregnancy within 3 months of death) Pregnancy and delivery
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. A. Mueller (M. D. or other)
Address Springfield Mo. Date signed 11-14-45

964 (Licensed Embalmer's Statement on Reverse Side)

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.....T. B. Chaffin.....

Licensed Embalmer No.....2182.....

P. O. Address.....Ozark, 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.