

FILED OCT 10 '47
Registration District No. **297**

Primary Registration District No. **4433**

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

1. PLACE OF DEATH:
(a) County **PUTNAM**
(b) City or town **UNIONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **---**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **---**
(Specify whether
In this community **50 YEARS**
years, months or days)

3. (a) PRINT FULL NAME **ETHEL ELLEN KIRBY**
3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **FEMALE** / 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **DIVORCED**
6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive **---** years
7. Birth date of deceased **NOVEMBER 18, 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	9	25	hr. --- min. ---

9. Birthplace **YANKTON SOUTH DAKOTA**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business **HOUSEWORK**

MOTHER FATHER
12. Name **CHARLES B. KIRBY**
13. Birthplace **INDIANA**
(City, town, or county) (State or foreign country)
14. Maiden name **EMMA CUTBIRTH**
15. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lillie Mc Coy**
(b) Address **Unionville Mo**
17. (a) **BURIAL** (b) Date thereof **9 / 15 / 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **UNIONVILLE CEMETERY**

18. (a) Signature of funeral director **COMSTOCK FUNERAL HOME**
(b) Address **UNIONVILLE, MO. By John N. Comstock**
19. (a) **10-3-47** (b) **Marshall S. Durbin**
(Date received local registrar) (Registrar's signature) **9.1.47**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **PUTNAM** **86**
(c) City or town **UNIONVILLE** **1**
(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)
If yes, name country **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** day **13**
year **1947** hour **3** minute **10** P. M.

21. I hereby certify that I attended the deceased from **June 14 1945** to **Sept. 13 1947**
that I last saw her alive on **Sept. 13 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Osteo-sarcoma**
beginning on maxillary dental
Due to **ridge** **9-mo.**

Due to **Possibly Dental**
plate
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 **P. W. Mc Donald** (M. D. or other) **DO**
Address **Unionville Mo** Date signed **10-2-47**

RECEIVED
District Health Officer No. 10
District File Number 10-47-1327
Date filed OCT - 8 1947

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

John N. Constock

Licensed Embalmer No.

3891

P. O. Address

Unionville 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.