

Registration District No. **140**

Primary Registration District No. **3024**

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

1. PLACE OF DEATH:

(a) County **Howard**

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

(c) Name of hospital or institution: **Lee Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 hours**
(Specify whether years, months or days)

In this community **All her life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howard**

(c) City or town **Armstrong (Rural)**
(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 **Julia Irene Brooks Kirby**

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 **Married**

6. (b) Name of husband or wife **Melvin Kirby** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **August 17, 1907**
(Month) (Day) (Year)

8. AGE: Years **40** Months **1** Days **17** If less than one day **hr. min.**

9. Birthplace **Howard Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **--**

MOTHER FATHER { 12. Name **Frank Brooks** }
 { 13. Birthplace **Howard Co. Missouri** }
 { 14. Maiden name **Effie Miller Burks** }
 { 15. Birthplace **Howard Co. Missouri** }
(City, town, or county) (State or foreign country)

16. (a) Informant **Melvin Kirby**

(b) Address **Armstrong, Missouri**

17. (a) **Burial** (b) Date thereof **10/7/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sharon Cemetery**

18. (a) Signature of funeral director: **Ralph A. Garr**
(b) Address **Fayette Missouri**

19. (a) **10-10-47** (b) **Dorothy J. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **4th**
year **1947** hour **8:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Oct 4**
19 **47**, to **Oct 4**, 19 **47**
that I last saw her alive on **Oct 4**, 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Concussion of brain. Multiple abrasions, lacerations, contusions**
Due to **Extreme Shock.**

Due to **---**

Other conditions **---**
(Include pregnancy within 3 months of death)

Major findings: **none** 1900's
Of operations **---**
Of autopsy **none** 2.23

Duration **Two hrs.**

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) **Accident**

(b) Date of occurrence **Oct 4-47**

(c) Where did injury occur? **near Armstrong Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public road
(Specify type of place)

While at work? **---** (e) Means of injury **---**

23. Signature **Mr. J. Shaw** (M. D. or other) **M.D.**
Address **Fayette Mo.** Date signed **10-10-47**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-24-47

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.....

Lloyd O Jaspering, Registered Apprentice No. 461,
working under my personal supervision.

Signed Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.