FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13041

Registration District No. 130 — Primary Registration District No. 5873 — Registrar's No. 62

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence - Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 7 mi East (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 75 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Independence Rural (If outside city or town limits, write "RURAL")
(d) Street No. 7 mi E. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucy Anna Kirby
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F M
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Wm
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct (Month) 27 (Day) 1854 (Year)

8. AGE: Years 93 Months 4 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Saracuse Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Retired Hous wife
FATHER
12. Name J. Carpenter
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace — Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Nell Mathews
(b) Address 518 S Osage - Ind Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Springs Mo
18. (a) Signature of funeral director Mrs G. B. Webb Son
(b) Address Blue Springs Mo
19. (a) 3-27-48 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature) 574

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1948 hour 5:30 minute A. M.
21. I hereby certify that I attended the deceased from October 19, 1947 to March 22 1948 that I last saw her alive on March 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	1 year
Due to General Arterio Sclerosis	4 years
Due to Senility	5 years
Senility & Cachectia (Include pregnancy within 3 months of death)	

Major findings of operations: Had fract neck of femur April 19 Pateed hip C Smith Petersen Pin April 23/1946
Of autopsy No autopsey

PHYSICIAN — Underline the cause of 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 Fract hip April 19, 1945
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work Did work (e) Means of injury O
23. Signature C. H. Allen M.D. (M.D. or other)
Address Independence, Mo Date signed 3/22/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Kenneth Royer, Registered Apprentice No. 63, working under my personal supervision.

Signed R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.