No. 300
10-48

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5617

BIRTH NO. _____ REG. DIST. NO. 341 PRIMARY REG. DIST. NO. 4360 Registrar's No. 9

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

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portageville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portageville 72 6
d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED (Type or Print) a. (First) Viola b. (Middle) c. (Last) Kirby

4. DATE OF DEATH (Month) (Day) (Year) March 4, 1949

5. SEX Female
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH do not know
9. AGE (In years last birthday) unknown — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hwf.
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME do not know
13b. MOTHER'S MAIDEN NAME do not know
14. NAME OF HUSBAND OR WIFE Alex Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Alex Kirby ADDRESS Portageville, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fell into Bay ditch at Portageville cause of death my house been drowned

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

E 9 2 18 4

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bay Ditch
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Portageville Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? unknown 72

22. *I hereby certify that I attended the deceased from* ✓, 19✓, *to* ✓, 19✓, *that I last saw the deceased alive on* ✓, 19✓, *and that death occurred at* ✓ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lis Hedgepeth Coroner
23b. ADDRESS New Madrid, Mo.
23c. DATE SIGNED 3/5-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 7, 1949
24c. NAME OF CEMETERY OR CREMATORY Portageville Colored
24d. LOCATION (City, town, or county) (State) Portageville Missouri

DATE REC'D BY LOCAL REG. 3-5-49
REGISTRAR'S SIGNATURE Ellen DeLisle 2 14 0
25. FUNERAL DIRECTOR'S SIGNATURE DeLisle Funeral Parlor **ADDRESS** Portageville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 349-326
Date Filed 3-14-49

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.....
....., Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed Joseph A. DeLisle
Licensed Embalmer No. 4481
P. O. Address Bagnell Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.