DEC 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40376

1. PLACE OF DEATH

County JACKSON — Registration District No. 389 — File No.

Township KAW — Primary Registration District No. 1002 — Registered No.

City KANSAS CITY (No. ST. LUKES HOSP. St. Ward)

2. FULL NAME CHARLES HENRY KIRSHNER

(a) Residence, No. LA SALLE HOTEL St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: AGNES F. KIRSHNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JUNE 25-1863

7. AGE: 51 — YEARS: 74 — MONTHS: 4 — DAYS: 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: PRESIDENT
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: BANKERS MORTGAGE CO.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): OHIO

FATHER

13. NAME: HENRY KIRSHNER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER

15. MAIDEN NAME: REBECCA BOUCHER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): OHIO

17. INFORMANT (ADDRESS): MRS. AGNES KIRSHNER LA SALLE HOTEL

18. BURIAL, CREMATION, OR REMOVAL — PLACE: MT MORIAH MAUSOLEUM — DATE: NOV. 22, 1937

19. UNDERTAKER (ADDRESS): D.W. NEWCOMER'S SONS 1401 BRUSHCREEK

20. FILED 11-22, 1937 M.M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): NOV. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1937, to Nov 20, 1937

I last saw him alive on Nov 20, 1937. Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11-18-37
Cerebral thrombosis rt.	9-8-37
Encephalomalacia	9-8-37

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Other contributory causes of importance:

Arterio-sclerosis general	1925
Arterial hypertension	1922

Name of operation: None — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) P.T. Bohan, M. D.
(Address) 906 Med Arts Bldg K.C. Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Medical Arts Bldg
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