

REC'D JAN 13 1939

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

41925

Do not use this space.

4991

1. PLACE OF DEATH

(a) County Jackson Registration District No. _____
(b) Township Kaw Primary Registration District No. _____ Registered No. _____
(c) City Kansas City (d) Street No. 403 East Meyer Blvd. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 621 Mrs. Ileta Kirker

(a) Residence, No. 403 East Meyer Blvd. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Frank J. Kirker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 4, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 2 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At home
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) IOWAFATHER 13. NAME Unko Harshberger14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IllinoisMOTHER 15. MAIDEN NAME No record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record17. INFORMANT Frank J. Kirker (Husband) (Mo.)
(ADDRESS) 403 East Meyer Boulevard, Kansas18. BURIAL, CREMATION, OR REMOVAL Mount Moriah Cem.
PLACE Kansas City, Mo. DATE Dec. 24, 193819. FUNERAL DIRECTOR (NAME) Stine & McClure
(ADDRESS) Kansas City, Missouri.20. FILED Dec 23, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937, to Dec 22, 1938I last saw him alive on Dec 21, 1938 Death is saidto have occurred on the date stated above, at 3 A. m.

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

Carcinoma of breast (M) Date of onset

Other contributory causes of importance:

Name of operation Breast amputation radical Date of 8/23/37
What test confirmed diagnosis? Microscopic exam of tissue Was there an autopsy? Yes23. 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) Delon P. Williams, M. D.(Address) 612 P. of Kelly

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.