

REC'D MAR 9 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1007City Kansas City(No. 4121 Michigan)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Edward W Kiekbush(a) Residence, No. 4121 Michigan

St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

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)

Single

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1911

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

27114

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Commercial Artist9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.Gill Studios10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo

(STATE OR COUNTRY)

## FATHER

13. NAME Harry A Kiekbush14. BIRTHPLACE (CITY OR TOWN) Berlin, Germany

(STATE OR COUNTRY)

## MOTHER

15. MAIDEN NAME Madeline Engel16. BIRTHPLACE (CITY OR TOWN) Reading, Penn

(STATE OR COUNTRY)

17. INFORMANT Mrs Madeline Kiekbush(ADDRESS) 4121 Michigan

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE Feb 27, 193919. UNDERTAKER Thomas E Quirk Funeral Home(ADDRESS) 4316 Troost Ave,20. FILED 2726 - 1939 M. M. Brown

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1939 .19

22. I HEREBY CERTIFY That I attended deceased from

\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw him/her live on \_\_\_\_\_ 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 11.45 P.M.

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

\_\_\_\_\_ Date of onset \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other contributory causes of importance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of injury 2-24-39

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 found in garage & carNature of injury gunshot24. Was disease or injury in any way related to occupation of deceased? 4

If so, specify \_\_\_\_\_

(Signed) Walter H. Huta \_\_\_\_\_ M. D.(Address) Law Dept; K. I. No

5650

File No. \_\_\_\_\_

Registered No. 849

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.

RECEIVED  
MAY 19 1964

MAY 19 1964

RECEIVED  
MAY 19 1964

MAY 19 1964

RECEIVED  
MAY 19 1964

MAY 19 1964

RECEIVED  
MAY 19 1964