

RECORDED APR 17 1939

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

9461
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 299
 (b) Township Kaw Primary Registration District No. 1004
 (c) City Kansas City (d) Street No. 3821 Monroe 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 1067

2. PRINT FULL NAME

Nancy Joe KIRTLY.
 (a) Residence, No. 3821 Monroe St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 6, 1939.</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day <u>11 1/2</u> hrs. or <u>11 1/2</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Infant.</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	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) <u>Kansas City Missouri.</u>		
FATHER	13. NAME <u>Howard Kirtly.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas.</u>	
MOTHER	15. MAIDEN NAME <u>Margorie Rigby.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri.</u>	
17. INFORMANT (ADDRESS) <u>Howard Kirtly. 3821 Monroe.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>3/9/39.</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Melody-McGilley. K. C. Mo.</u>		
20. FILED <u>Mar 9 1939 M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1939, to Mar. 7, 1939
 I last saw her alive on Mar. 6, 1939 Death is said to have occurred on the date stated above, at 2:30 m.
 The principal cause of death and related causes of importance were as follows:
Respiratory birth 7 mo
159

Other contributory causes of importance:
Unknown

Name of operation None Date of None
 What test confirmed diagnosis Physiologist 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?
 If so, specify _____
 (Signed) M. M. Brown, M. D.
 (Address) 1303 2nd St. Kansas City, Mo.

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.

1 X16805

DR. STIPE - OFF. VI, 7756
HOME, LO. 3320

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.