

REC'D MAY 10 1939

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

13665  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 4003 Virginia 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Ernst K. Kirkland  
 (a) Residence, No. 4003 Virginia 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 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 Mrs. Anna B. Kirkland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1878

7. AGE YEARS 60 MONTHS 6 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auto trimmer  
 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) Wisconsin13. NAME William Kirkland14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Marie Kaestner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin17. INFORMANT Mrs. Anna B. Kirkland  
(ADDRESS) 4003 Virginia18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE April 3, 193919. FUNERAL DIRECTOR (NAME) Freeman Mortuary  
(ADDRESS) 104 W. 42nd, K.C., Mo.20. FILED Apr 3 1939 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 193922. I HEREBY CERTIFY, That I attended deceased from the 36 to April 1, 1939I last saw him alive on April 1, 1939 Death is said to have occurred on the date stated above, at.....m.

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

Cerebral hemorrhage 2 1/2 yr.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no23. 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) William B. Hook, M. D.(Address) 510 E. 1st St.

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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.**