

1939 AUG 7 1939

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

24608
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 K. C. Mo. (d) Street No. St. Mary's Hospital Registered No. 2821
 (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.

2. PRINT FULL NAME Phil Kirk
 (a) Residence, No. 4045 Flora 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. Nettie Kirk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Employee

9. Industry or business in which work was done, as saw mill, bank, etc. Detective Agency

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) Dixon, Illinois

FATHER 13. NAME Owen Kirk

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Catherine McAneny

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Frances Scofield
2930 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE July 14, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner
Kansas City, Mo.

20. FILED July 13, 39 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1935 to 7/11 1939
 last saw alive on 7/11 1939 Death is said to have occurred on the date stated above, at 8:20 m. PM
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis
Cardiovascular disease
131

Other contributory causes of importance:
Chronic myocarditis

Name of operation thoracotomy Date of 7/11/39
 What test confirmed diagnosis thoracotomy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19no
 Where did injury occur? no
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) Walter Pruehler M. D.
 (Address) 800 Ogden

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.

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 Cecil R. Matthes
Licensed Embalmer No. 3807
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.