

1939 AUG 4 1939

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

25385  
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 148  
 (b) Township Richwood Primary Registration District No. 3011 Registered No. 98  
 (c) City Excelsior Springs, Mo. (d) Street No. Excelsior Springs June High 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

Joseph A Kirmeyer  
 (a) Residence, No.                      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   m   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   Mae Kirmeyer  

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)   Sept. 10 - 1866  

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
  62     10     1  

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.   none    
 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)   Leavenworth Kansas  

FATHER 13. NAME   unknown  

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)   "  

MOTHER 15. MAIDEN NAME   "  

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)   "  

17. INFORMANT (ADDRESS)   Mrs. Mae Kirmeyer Excelsior Springs - Mo  

18. BURIAL, CREMATION, OR REMOVAL PLACE   Leavenworth, Mo.   DATE   July 11, 1939  

19. FUNERAL DIRECTOR (NAME) (ADDRESS)   Sexton and Co. Leavenworth Kansas  

20. FILED   July 11, 1939     Mrs. Red M. Cracoe   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   July 4, 1939  , to   July 11, 1939  , 19  39    
 I last saw h.   (17)   alive on   July 10  , 19  39   Death is said to have occurred on the date stated above, at   2 a.m.    
 The principal cause of death and related causes of importance were as follows:

  Anuria, Uremia.  

Date of onset   12/8  

Other contributory causes of importance:   Infection of prostate. Orchitis, non specific.  

Name of operation   None   Date of                       
 What test confirmed diagnosis?   clinical   Was there an autopsy?                     

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?   No    
 If so, specify                       
 (Signed)   Lertan V. Dawson  , M. D.  
 (Address)   Excelsior Springs, Mo.  

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  
District Health Officer No. 8,  
District File Number  
Date Filed 8/2/39

**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.**