

Registration District No. 85

Primary Registration District No. 5127

Registrar's No. 693

1. PLACE OF DEATH:

(a) County BUCHANAN  
(b) City or town ST-JOSEPH Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. #3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days) 651  
In this community ABT. 45 YRS.

3. (a) PRINT FULL NAME OTTO-JOHN-KIRNER

8. (b) If veteran, name war NO 3. (c) Social Security No. 491-09-3306

4. Sex Male 5. Color Wht 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased March 15 1876  
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Cooker at Holyth Hope Ca

11. Industry or business Wholesale Hardware

12. Native Master, Germany

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name (Blank)

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Kirner

(b) Address R.F.D. #3 St. Joseph, Mo.

17. (a) Burial (b) Date thereof 6-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Oliver's Cn.

18. (a) Signature of funeral director Wm. Oliver

(b) Address St. Joseph, Mo.

19. (a) June 28 1940 (b) W. M. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County BUCHANAN  
(c) City or town ST-JOSEPH (RURAL)  
(If outside city or town limits write "RURAL")  
(d) Street No. RFB #3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 58 YRS. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1940 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 21, 1940 until June 27, 1940  
that I last saw him alive on June 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Thromboses of Coronary artery  
Duration  
Due to 94%  
Due to

Other conditions Ragupper  
(Include tuberculosis within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? (City or town) (County) (State) ✓

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

(Specify type of place)

While at work ✓ Means of injury ✓

23. Signature Charles [Signature] (M. D. or other)

Address 701 Harvard Date signed June 27 40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Finigan  
701 Fawson

**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, <sup>and</sup> or by

Cedric K Jones

, Registered Apprentice No. 246

working under my personal supervision.

Signed

John H. Hurley

Licensed Embalmer No. 4050

P.O. Address 29355 Joseph

**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.**