

2
7-30
7-39
K23159

Registration District No. 85 Primary Registration District No. 5127

1. PLACE OF DEATH: Buchanan
(a) County: Buchanan
(b) City or town: Saint Joseph Rural - Washington
(c) Name of hospital or institution: 11th & Mason Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2
In this community: 54 years 5 mo. 10 days
years, months or days)

3. (a) PRINT FULLNAME: NORRIS LESLIE KIRKENDOLL

3. (b) If veteran, name war: none 3. (c) Social Security No. 590-07-6637

4. Sex: male 5. Color or race: white 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Gladys 6. (c) Age of husband or wife if alive: 30 years

7. Birth date of deceased: September 21 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 29 If less than one day
hr. min.

9. Birthplace: Saint Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Plasterer

11. Industry or business: _____

12. Name: Norris Kirkendoll

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

14. Maiden name: Nancy A. Unknown

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

16. (a) Informant: Mrs. Gladys Kirkendoll

(b) Address: 11th & Mason Rd., St. Joseph

17. (a) REMOVED (b) Date thereof: 10-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: CAMERON, MO.

18. (a) Signature of funeral director: Fleeman & Son, Inc.

(b) Address: 1946 Colhoun St., St. Joseph

19. (a) Oct 22 1940 (b) [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.: 11th & Mason Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1940 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept. 15th, 1940, to Oct. 20th, 1940
that I last saw him alive on Oct 20th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis ?

Due to: Angina Pectoris ?

Due to: _____
Other conditions: MI
(Include pregnancy 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? 85

While at work? _____ (Specify type of place)
(or) Means of injury: _____

23. Signature: [Signature] (M. D. or other) !
Address: De Kalb Mo. Date signed: 10-21-40

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

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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 _____

Carl W. Haines

Licensed Embalmer No. _____

3955

P. O. Address _____

St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.