

No. 2
4-12-40
5-17-39
I X23159

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1470

State File No. _____
Registrar's No. **430**

Registration District No. 399
Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 years (Specify whether
In this community 21 years
years, months or days)

3. (a) PRINT FULLNAME Mrs. Agnes Kirkpatrick
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased March 14, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 14 _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
12. Name Charles Schelian
13. Birthplace Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant V. V. Kirkpatrick
(b) Address 632 West 61st Street
17. (a) Burial (b) Date thereof 1-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd Street
19. (a) Jan 29 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4107 Kenwood
(If rural, give location)
(e) If foreign born, how long in U. S. A. 76 years years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 28th
year 1941 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-3-41 1941, to 1-28-41 1941
that I last saw her alive on 1-28-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic pneumonia
hepatic carcinoma
Due to ocular disease
Due to arteriosclerosis
Other conditions sinusitis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: hypertension, hepatic
Of operations Smith Peterson
Of autopsy no
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) accident
(b) Date of occurrence 3-41 12 30
(c) Where did injury occur fell on floor home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Her Home, bed room floor
While at work no (Specify type of place) (e) Means of injury _____
23. Signature L. O. Miller (M. D. or other)
Address 800 Argyle Date signed 2-5-41

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

Final call Jan 6 -
12:30 Jan 28

Original body
arrived before 5:30

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 Clarence W. Childs

Licensed Embalmer No. 3473

P. O. Address Kemo

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, fact should be so stated above.