

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson,**
 (a) County **Kansas City,**
 (b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **5016 Wyoming,**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no.** (Specify whether years, months or days)
 In this community **35 years,**

2. USUAL RESIDENCE OF DECEASED: **48**
 (a) State **Missouri,** (b) County **Jackson,**
Kansas City,
 (c) City or town **Kansas City,**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5016 Wyoming,**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? **None** years.

3. (a) PRINT FULL NAME **Joseph S. Kirkpatrick,**
 3. (b) If veteran, name war **No.** 3. (c) Social Security No. **no.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mrs. Ethyl A. Kirkpatrick,** 6. (c) Age of husband or wife if alive **58** years
 7. Birth date of deceased **September 30 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **5** Days **11** If less than one day
hr. min.

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

10. Usual occupation **Chinaware & enamelware dealer**
 11. Industry or business **X**

MOTHER FATHER { 12. Name **Dr. Andrew M. Kirkpatrick,**
 13. Birthplace **Illinois,**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mildred Kelley**
 15. Birthplace **Illinois.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ethyl A. Kirkpatrick,**
 (b) Address **5016 Wyoming, Kansas City, Mo.**

17. (a) **Cremation,** (b) Date thereof **3-13-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure Unc. Co.**
 (b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **3/12/41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **March** day **10th**
 year **1941** hour **10:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **March**
 19 **40** to **March 10** 19 **41.**
 that I last saw him alive on **January** 19 **41;**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cornary Heart Disease (Sclerosis) Arteriosclerotic Tuberculosis,**
 Due to **94**

Due to **94**

Other conditions **94**
(Include pregnancy within 3 months of death)

Major findings: **Unproductive - about 10 yrs ago.**
 Of autopsy **94**

Duration **2yrs + 1yr +**
 PHYSICIAN **94**
 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? _____

While at work **94** (Specify type of place) (e) Means of injury **94**
 23. Signature **Joseph G. Welka** (M. D. or other) **M.D.**
 Address **836 Prof. Bldg. K.C. Mo** Date signed **3/12/41**

Dr. Joseph Welker

V. 6087

Croft-Bldg.

with a 0 to 4:30

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.....

Willis H. Bennett

Registered Apprentice No. *282*

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. *1415-*

P. O. Address *K. C. Mo.*

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.