

FILED AUG 16 1941  
Registration District No. 279

Primary Registration District No. 1002

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

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: 3210 Roberts  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 50 Years (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 049  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 3210 Roberts  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... 2

3. (a) PRINT FULL NAME GEORGE P. KIRTLEY

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 Norma H. Kirtley 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months Days If less than one day hr. min.

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

10. Usual occupation Master Plumber

11. Industry or business Retired

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant A. H. Evans

(b) Address 4506 Millcreek

17. (a) Burial (b) Date thereof 7-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director G. H. Blackman & Son, Inc.

(b) Address 2825 Inden. Blvd. K. C. Mo.

19. (a) 7-16-41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 12-11-39  
19... to 7-5 19 41

that I last saw him alive on 7-5-41 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary occlusion  
Duration

Due to..... gfa  
Due to..... gfw

Other conditions.....  
(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?

(Specify type of place)  
23. While at work? (b) Means of injury.....

23. Signature Joseph H. Crow (M. D. or other) D

Address 11103 Grand Date signed 7-16-41

1074  
H. H. ...

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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... *H. S. Bluckman* .....  
Licensed Embalmer No. *3639* .....  
P. O. Address... *N. 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.**