

FILED APR 1 1942
Registration District No. 2399

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
(c) Name of hospital or institution 1212 E 16th St
(d) Length of stay: In hospital or institution 1
In this community 2 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1212 E 16th
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16
year 1942 hour 3 minute 25 M.

21. I hereby certify that I attended the deceased from 8-1-42
to 3-16-42
that I last saw him alive on 3-16-42
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Exhaustion Duration 6 hrs
Due to Generalized Arteriosclerosis 1 yr
Chr. Intermittent Nephritis 1 yr
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none 1318
Of operations none
Of autopsy none
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) none
(b) Date of occurrence none
(c) Where did injury occur? none
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place)
(e) Means of injury ---
23. Signature J. D. Wells (M.D. or other)
Address 1605 E 18th St Date signed ---

3. (a) PRINT FULL NAME LEE KIRK

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color of race W
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Mattie Kirk 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Feb 27 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 19
If less than one day hr. min.

9. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business Jordan Kirk

12. Name Jordan Kirk
13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name unknown
15. Birthplace unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Nattie Quinn Anderson
(b) Address 1212 E 16th

17. (a) removal (b) Date thereof 3/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation First Smiths Park

18. (a) Signature of funeral director Lydia
(b) Address 1729 Lydia

19. (a) 3-16-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

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 *Isaac J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highline*

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.