S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39802

State File No. 4653

Registration District No. 749 — Primary Registration District No. 1002 — Registrar's No.

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:
Vineyard Park Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson, 3
(c) City or town Kansas City, 8
(If outside city or town limits, write "RURAL")
(d) Street No. 314 West 34th Street,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Miss Mary A. Kirby,

3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex Female
5. Color or race White 1
6. (a) Single, widowed, married, divorced Single, 0
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased June (Month) 30 (Day) 1851 (Year)

8. AGE:

Years	Months	Days	If less than one day
91	5	11	hr. min.

9. Birthplace Kentucky, (City, town, or county) 1 (State or foreign country)
10. Usual occupation at home,
11. Industry or business x

FATHER
12. Name Daniel Kirby,
13. Birthplace Unknown, (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Mrs. Baker,
(b) Address 314 West 34th St., Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Cincinnati, Ohio,
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 12-14-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th
year 1942 hour minute p. M.
21. I hereby certify that I attended the deceased from Dec 9, 1942 to Dec 11, 1942
that I last saw him alive on Dec 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Occlusion of Coronary artery — Duration 30 hrs.
Due to Artery & clerosis — 5 yrs.
Due to Senility 94a
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)
While at work? (e) Means of injury

23. Signature J. G. Sheldon (M. D. or other)
Address 922 Ave Date signed 12-14-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. John G. Sheldon

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 E. M. Plank

Licensed Embalmer No. 1848

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.