V. S. No. 2
DM—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8990

FILED MAR 31 1943

Registration District No. 119 Primary Registration District No. 1002 Registrar's No. 1381

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: Devine Bros. Clinic Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days) In this community 4 weeks

2. USUAL RESIDENCE OF DECEASED: 499

(a) State Kansas (b) County Reno 14

(c) City or town Hutchinson Kansas 0 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country 2

3. (a) PRINT FULL NAME Henry Thomas Birt

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Etta Ward

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased October (Month) 16 (Day) 1881 (Year)

8. AGE: Years 61 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Worth County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Painter

11. Industry or business for self

FATHER 12. Name H. T. Birt

FATHER 13. Birthplace Denver worth County (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Oscar Birt

(b) Address 521 Norton

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation Hutchinson Kansas

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd. K. C. Kan

19. (a) 3/21/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1943 hour 6 minute 56 P.M.

21. I hereby certify that I attended the deceased from Feb 23, 1943, to March 20, 1943, that I last saw h. alive on March 20, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure — Duration

Due to: Generalized Carcinomia

Due to: Primary Cancer of Bladder

Other conditions (Include pregnancy within 3 months of death): 46 F

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 E. N. Stults D.O. (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

#0

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 Wm L. Ward

Licensed Embalmer No. 3991

P. O. Address 309 E 67th St.

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.