

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 6 1943/49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3208

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:  
General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days  
(Specify whether years, months or days)

In this community 12 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 5215 Indiana  
(If rural, give location)

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

3. (a) PRINT FULL NAME Christine Shirk

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe.

5. Color or race White

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

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Feb. 2, 1878  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>5</u>	<u>19</u>	_____br. _____min.

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

10. Usual occupation Homemaker

11. Industry or business None

12. Name David Siovers

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

14. Maiden name Marie Miller

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

16. (a) Informant Wilbert R. Shirk

(b) Address 5215 Indiana

17. (a) Burial (b) Date thereof July 23, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

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

(b) Address Kansas City, Mo.

19. (a) 7-22-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1943 hour 2 minute 35 A. M.

21. I hereby certify that I attended the deceased from June 29, 1943, to July 21, 1943; that I last saw her alive on July 21, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma of breast

Due to \_\_\_\_\_  
Due to 50

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Amey R. Johnson (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**