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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1944

Registration District No. 144

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30189

Primary Registration District No. 1002

Registrar's No. 3908

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: Lakeside Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 4625 Wyoming 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 17

3. (a) PRINT FULL NAME: Martha Kirtley

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Lewis F. Kirtley

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: July (Month) 22 (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	2	4	hr. min.

9. Birthplace: Kansas City (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At home

MOTHER FATHER

12. Name: Rasmus Peterson 4

13. Birthplace: no record (City, town, or county) Denmark (State or foreign country)

14. Maiden name: Jensina Jensen

15. Birthplace: no record (City, town, or county) 11 Denmark (State or foreign country)

16. (a) Informant: Lewis F. Kirtley

(b) Address: 4625 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/28/44 (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cem.

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

(b) Address: 1901 Olathe Blvd.

19. (a) 9-28-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 26 year: 1944 hour: 4 minute: 4 A.M.

21. I hereby certify that I attended the deceased from April 14, 1944, to Sept 26, 1944, that I last saw him alive on Sept 25, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis Gastric hemorrhage

Due to: Cancerous of the stomach

Due to:

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

Major findings:
Of operations:

Of autopsy: Refused.

Duration

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: 0

23. Signature: Charles S. Shorts (M. D. or other) M.D.

Address: 231 Wesley Blg. Date signed: 9/26/44

(Licensed Embalmer's Statement on Reverse Side)

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. 67

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.