

Registration District No. 149 Primary Registration District No. 1002

**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:  
2915 Forest Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 25 years years, months or days)

**3. (a) PRINT FULL NAME** Charles Girdner  
3. (b) If veteran, name war no 3. (c) Social Security No. 710

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jessie M. Girdner 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased: Sept 14th 1878  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
66 I 8 1 hr. min.

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

10. Usual occupation: Retired Banker

11. Industry or business \_\_\_\_\_

**MOTHER, FATHER** { 12. Name John R. Girdner

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

14. Maiden name Unknown

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

16. (a) Informant: Mrs Jessie M. Girdner

(b) Address: 2915 Forest Ave

17. (a) Burial (b) Date thereof: Oct 24th 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cemetery

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

(b) Address: 1800 Linwood Blvd

19. (a) Oct 24 1944 (b) T. B. Brown  
(Date received local registrar) (Registrar's signature)

**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. 2915 Forest Ave  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Oct day 21st  
year 1944 hour 7 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 28, 1944 to Oct 21, 1944, that I last saw him alive on Oct 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Double Lobes Pneumonia Duration 36 hrs  
Due to: carcinoma left kidney ?

Due to: chronic myocarditis ?

Other conditions (Include pregnancy within 3 months of death) 520

Major findings: ✓ Of operations: ✓ Of autopsy: ✓ **PHYSICIAN** \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature: J. W. Fairhead (M. D. or other) DO  
Address: 406 W. 11th St Date signed: 10-25-44

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

Dr. V. W. Harned  
Wirthman Bg  
Phone LO1207

---

---

**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.....

*Glen E. Heck*

Licensed Embalmer No. ....

4163

P. O. Address.....

1800 Linwood Blvd

**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.**