

FILED NOV 14 1944

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACOBSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3324 A EAST 31ST STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 65 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACOBSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3324 A EAST 31ST STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country - D

3. (a) PRINT FULL NAME MR. HALBERT GREENLEAF KIRK

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, WIDOWED
6. (b) Name of husband or wife, MRS. MARGARET KIRK 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased SEPTEMBER 26 1864 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 3 If less than one day hr. min.

9. Birthplace WASHINGTON COURTHOUSE OHIO (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business LUMBERMAN

12. Name AUGUSTUS P. KIRK

13. Birthplace NEW YORK CITY NEW YORK (City, town, or county) (State or foreign country)

14. Maiden name EMMA WILLARD

15. Birthplace WASHINGTON COURTHOUSE OHIO (City, town, or county) (State or foreign country)

16. (a) Informant MRS. ROBERT R. MILES

(b) Address 4024 WABASH AVENUE

17. (a) BURIAL (b) Date thereof NOV 1 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MIT ST. MARY'S CEM.

18. (a) Signature of funeral director D. W. Newcomer, S.S.M.

(b) Address 1401 BRUSH GREEN BLDG.

19. (a) 11-1-44 (b) T. E. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 29TH year 1944 hour minute P.M.

21. I hereby certify that I attended the deceased from Feb 12 to Feb 29 1944 that I last saw him alive on Feb 22 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage Duration 1

Due to: chronic sclerotic hyperextension of aorta
Due to: chronic endocarditis from history 10 yrs

Other conditions: 92 d. (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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Ode Sitzer (M. D. or other) Address 636 Argyle Bldg. Date signed 10-31-44

636
1-5
Wright
Bldg

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.....

W. C. Hooley

Licensed Embalmer No. 1767

P. O. Address W. C. Hooley

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.