

FILED NOV 2 1944

Registration District No. 59

Primary Registration District No. 4095

Registrar's No. 157

1. PLACE OF DEATH:

(a) County CASS
(b) City or town DREXEL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not in hospital. At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply.
(Specify whether
In this community 8 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass.
(c) City or town Drexel.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LESLIE JAMES KIRK.

3. (b) If veteran, name war None. 3. (c) Social Security No. 489-24-4618

4. Sex Male. 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Catherine Kirk. 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June, 24, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 3 26 hr. min.

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

10. Usual occupation Jeweler.

11. Industry or business Jeweler & Repairing.

MOTHER FATHER { 12. Name Frank Kirk.
13. Birthplace Kansas.
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta Traver.
15. Birthplace New York.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. J. Kirk,

(b) Address Drexel, Missouri.

17. (a) Burial (b) Date thereof Oct/23/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharon Cemetery.

18. (c) Signature of funeral director [Signature]

(b) Address Drexel, Missouri.

19. (a) 10/22/44 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1944 hour 10 minute 15 p.m.

21. I hereby certify that I attended the deceased from June 1943 to Oct 20 1944
the last saw him alive on Oct 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Recurrent Cerebral Hemorrhage: Sudden Death

Due to Hypertension

Due to

Other conditions [Signature]
(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) Mean of injury

23. Signature [Signature] (M. D. or other) [Signature]

Address Drexel, Mo. Date signed 10/21/44

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

JUL 23 1945

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 personally

~~working under my personal supervision.~~ Registered Apprentice No. _____

Signed [Signature]

Licensed Embalmer No. 1950

P. O. Address Drapel Mo.

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.