No. 2
-2-43
17-39
X35697

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

JUN 16 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1431

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 36

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: ST REGIS HOTEL: 1400 LINWOOD BLVD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -- D (Specify whether
In this community 47 YEARS D
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. 1115 EAST 59TH STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME MR. WILLIAM SCOTT SHIRK, SR.
3. (b) If veteran, name war NO
3. (c) Social Security No. 496-10-9517
4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. NORA C. SHIRK
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased JANUARY 1 1898 (Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 1 If less than one day -- hr. -- min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation CONSTRUCTION WORK
11. Industry or business SUNFLOWER ORDNANCE WORKS
FATHER 12. Name ANDREW J. SHIRK
13. Birthplace WILMINGTON (City, town, or county) ILLINOIS (State or foreign country)
MOTHER 14. Maiden name MARY E. SCOTT
15. Birthplace MATOON (City, town, or county) ILLINOIS (State or foreign country)
16. (a) Informant Mrs. Mary E. Shirk
(b) Address 1115 East 59th Street
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN-4-1945 (Month) (Day) (Year)
(c) Place: burial or cremation MT WASHINGTON CEM.
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 1-4-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 2ND year 1945 hour 5 minute 45 A. M.
21. I hereby certify that I attended the deceased from Jan 2, 1945, 19--, to Jan 2, 1945, 19--; that I last saw him alive on Jan 2, 1945, 19--; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. H. Hodgson (M. D. or other) MD
Address 200 Plaza MD Bldg Date signed 1-2-45

(Licensed Embalmer's Statement on Reverse Side)

2:30 -

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 Oscar Nothey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.