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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12271

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 656

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: 5218 College 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 5 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates 7

(c) City or town Richhill 2 (If outside city or town limits, write "RURAL") 6

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lottie Kirkman

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ed Kirkman

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May (Month) 17 (Day) 1896 (Year)

8. AGE: Years 48 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Maundville (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ira Powell
13. Birthplace (City, town, or county) no Record 0 (State or foreign country)

MOTHER
14. Maiden name Martha 1
15. Birthplace (City, town, or county) no Record 0 (State or foreign country)

16. (a) Informant Ed Kirkman

(b) Address Richhill Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-9-45 (Month) (Day) (Year)

(c) Place: burial or cremation Richhill Mo

18. (a) Signature of funeral director Mrs C. L. Foster

(b) Address K. C. Mo

19. (a) 2-9-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1945 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2-6-, 1945, to 2-8-, 1945 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis

Due to Influenza

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

Major findings: Of operations 33 b

Of autopsy

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

23. Signature C. W. McLaughlin (M. D. or other)

Address K. C. K. Date signed 2-9-45

(Licensed Embalmer's Statement on Reverse Side)

void

FEB 23 1945

Mc Laughlin
Dr 0309
1007 No. 6th
Kansas City, Mo.

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 G. H. Wise

Licensed Embalmer No. 2570

P. O. Address K.C. 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.