

S. No. 2
 OM-2-43
 v. 5-17-39
 I X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **13216**

FILED MAY 6 1946
 Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1953**

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: **301 West 11th Street, 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no.**
 In this community **7 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**
 (c) City or town **Kansas City, 3**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3424 Gillham Road 8**
 (If rural, give location)
 (e) Citizen of foreign country? **no. 0** (Yes or No)
 If yes, name country **X**

3. (a) PRINT FULL NAME **George A. Kirkpatrick**

3. (b) If veteran, name war **World War #1** 3. (c) Social Security No. **440-09-7804**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mrs. Ellen Kirkpatrick** 6. (c) Age of husband or wife if alive **unknown** years

7. Birth date of deceased **April 13 1894**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	0	12	hr. min.

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

10. Usual occupation **Salesman**

11. Industry or business **Standard Register Co.**

12. Name **Robert T. Kirkpatrick**

13. Birthplace **Illinois**
 (City, town, or county) (State or foreign country)

14. Maiden name **Agnes Anderson**

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

16. (a) Informant **Mrs. Ellen Kirkpatrick**

(b) Address **3424 Gillham Road, K. C., Mo.**

17. (a) **burial** (b) Date thereof **4-27-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Girard, Kansas.**

18. (a) Signature of funeral director **Stine & McClure**
 (b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **4-27-46** (b) **Sheraldine Holmes**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25.**
 year **1946** hour **3:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 23rd**, 19**46** to **April 25th**, 19**46**
 that I last saw him alive on **April 27th**, 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Coronary Sclerosis Duration **3 years**
Coronary Thrombosis **15 min**
Coronary Heart Disease **3 min**

Due to **94a**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94a** PHYSICIAN
 Of autopsy 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 **Walter P. Smith** M.D. or other
 Address **340 Professional Bldg** Date signed **4/26/46**
K.C. Mo.

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Raymond Smith
6-10-79

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 *E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *76 E 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.