

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16723**
Registrar's No. **2029**

FILED MAY 16 1946

Primary Registration District No. **1002**

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

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:
3332 Chestnut Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.** (Specify whether)
In this community **64 years** (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. **3332 Chestnut Street**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Maud Kirkman**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **1**
year **1946** hour **2:30** minute **P.**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Richard B. Kirkman**
6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **August 2 1881**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Apr. 28** 19**46**, to **May 1** 19**46**
that I last saw her alive on **May 1** 19**46**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 **8** **30 29** hr. min.

Immediate cause of death
Glomerular Nephritis (acute phase) **4 days**
Due to **Chronic Glomerular Nephritis** **4 yrs**
Due to **Chronic hypertensive disease** **5 yrs**

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

10. Usual occupation **at home**
11. Industry or business **X**
12. Name **Thomas Hudson**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Marie Raubian**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **93-2**
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Richard B. Kirkman**
(b) Address **3332 Chestnut St., Kansas City, Mo**
17. (a) **burial** (b) Date thereof **5-4-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Linden, Missouri**

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?

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**
19. (a) **5-3-46** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) Means of injury **D**
22. Signature **Alfred L. Karetka** (M. D. or other)
Address **1100 Grand Blvd** Date signed **5-2-46**

R. J. B. B. B.

Allen Hearst

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 *J. C. Shepard*
Licensed Embalmer No. *4179*
P. O. Address *H. C. M.*

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.