

S. No. 2
M-8-43
v. 5-17-39
I X37823

26613

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ED AUG 20 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. 73 Primary Registration District No. 4133
Registrar's No. 62

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

25459

1. PLACE OF DEATH
(a) County Clay
(b) City or town Kearney
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay
(c) City or town Kearney
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY ALBERT KIRKMAN
3. (b) If veteran, name war World War II 3. (c) Social Security No. 499-10-9931

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 2
year 1946 hour 1 minute 15 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amerine 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased: April 24 1917
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 30 1946, to Aug 2 1946;
that I last saw him alive on July 27 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Embolism Duration 5 min
from a thrombo-phlebitis
of the left femoral vein
Due to Acute phlebitis 1 month.

8. AGE: Years Months Days If less than one day
29 3 8 hr. min.

Due to _____
Other conditions (include pregnancy within 3 months of death) 13th
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Great Bend Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation Warehouse man
11. Industry or business Cooperation Co North Kansas
12. Name Thomas Henry Kirkman
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Laurah Belle Hardesty
15. Birthplace Kan
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy Thrombo-phlebitis left femoral vein Pulmonary Embolism
22. If death was due to external causes, fill in the following:

16. (a) Informant Helen Kirkman
(b) Address 1319 Prospect Kansas City Mo
17. (a) Burial (b) Date thereof Aug 4-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation mt Olivet Kearney
18. (c) Signature of funeral director Leonard Fry
(b) Address Kearney Mo
19. (a) Aug 4 1946 (b) F. Minnie Hayes
(Date received local registrar) (Registrar's signature)

(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? _____ (c) Means of injury _____
23. Signature N. R. Schuhmacher (M. D. or other) M.D.
Address Liberty Mo Date signed 8-2-46

RECEIVED
District Health Officer No. 2
District Health Officer
Date Filed 8-17-46

OCT 22 1946

OCT 11 1946

NOV 2 1946

JAN 9 1947

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney

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.