

No. 2
M-5-43
5-17-39
I X36671

FILED NOV 6 1946
Registration District No. 177

Primary Registration District No. 1002

State File No. _____
Registrar's No. 4461

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(c) Name of hospital or institution: 2850 Sweet
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 40 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K.C.
(d) Street No. 2850 Sweet
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Kirsch
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 23
year 1946 hour _____ minute _____ M.

4. Sex m, 5. Color or race w
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1946 to Oct 23 1946
that I last saw him alive on Oct 23 1946
and that death occurred on the date and hour stated above.
Immediate cause of death: Broncho-pneumonia
Duration 2 days

8. AGE: Years Months Days If less than one day
Approx 75 hr. min.

Due to _____
Due to _____

9. Birthplace: unknown (City, town, or county) (State or foreign country)

Other conditions: Asthma (Include pregnancy within 3 months of death)
8 yrs

10. Usual occupation: Lived at the home for the aged

Major findings: 107
Of operations _____
Of autopsy _____

MOTHER FATHER

11. Industry or business: The aged
12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant: Mr. Rose
(b) Address: 2850 Sweet
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 10-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Lakefield Cem.

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: H. W. Gorman
(b) Address: K.C.
19. (a) 10-24-46 (Date received local registrar) (b) H. W. Gorman (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury: (i)
23. Signature: D. M. Wigo (M. D. or other) mo.
Address: 925 Argyle Bldg K.C. Mo. Date signed: 10/24/46

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.