

FILED JAN 13 1947

Registration District No. **117**

Primary Registration District No. **1002**

Registrar's No. **5472**

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 DAYS**
(Specify whether
 In this community **26 YRS.**
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. **2325 PARK**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **LIDA MULDREW KIRK**
3. (b) If veteran, name war **No** **3. (c) Social Security No.** **Unk.**
4. Sex **FEMALE** **5. Color or race** **NEGRO**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **Wyan Kirk** **6. (c) Age of husband or wife if alive** **27** years
7. Birth date of deceased **SEPTEMBER 2, 1920**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **DECEMBER** day **27**, year **1946** hour **8:** minute **25** P. M.
21. I hereby certify that I attended the deceased from **DECEMBER 18, 1946** to **DECEMBER 27, 1946**
 that I last saw h. **ER** alive on **DECEMBER 27, 1946**, and that death occurred on the date and hour stated above.
 Immediate cause of death **FAR ADVANCED PULMONARY TUBERCULOSIS**
 Duration _____

8. AGE: Years Months Days If less than one day
26 3 25 hr. min.

Due to _____
 Due to _____

9. Birthplace: **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

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

10. Usual occupation **CLERK**

Major findings: _____
 Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name **BENJAMIN H. MULDREW**

13. Birthplace **Little Rock ARKANSAS**
(City, town, or county) (State or foreign country)

14. Maiden name **LIDA ADAMS**

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

16. (a) Informant **LIDA MULDREW (MOTHER)**

22. If death was due to external causes, fill in the following:

(b) Address **2325 PARK**

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial **(b) Date thereof** **12/31/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation **Highland Cemetery**

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director **Walter Jones**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address **1729 Lydia Avenue**

While at work? _____
(Specify type of place)

(2) Means of injury

19. (a) 12-30-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **Frank J. ...** **(M. D. or other)** **M. D.**
Address **GENERAL HOSPITAL No. 2** **Date signed** **12/28/46**

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

15
39
47070

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. Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.