No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

Registration District No. 49

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41752

Registrar's No. 5486

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: since 12-22-47 - 12-27-47
In this community: life
(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.: 3562 Penn Street 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Harold R. Kirk

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Mrs. Eve M. Kirk

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: September (Month) 12 (Day) 1892 (Year)

8. AGE: Years 55 | Months 3 | Days 15 | If less than one day ... hr. ... min.

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

10. Usual occupation: H. R. Kirk Investment Co.

11. Industry or business: x

FATHER
12. Name: John M. Kirk
13. Birthplace: Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Charlotte Hill
15. Birthplace: Wisconsin (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Eve M. Kirk
(b) Address: 3562 Penn St., Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery, Independence, Mo.

18. (a) Signature of funeral director: Stime & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 27
year: 1947 hour: 7 minute: 15 A. M.

21. I hereby certify that I attended the deceased from: Pathologist, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: 1. Cerebral Hemorrhage
2. Profound anemia,
Due to: Pathology unknown
Due to:

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

Major findings:
Of operations: 83
Of autopsy: found

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work?
(e) Means of injury: 0

23. Signature: C. J. Schmidt (M. D. or other)
Address: St. Luke's Hospital
Date signed: Dec 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address 17 C 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.