

No. 300  
4-10-47  
5-17-39  
I 3906

FILED MAY 7 1948  
Registration District No. **149**

Primary Registration District No. **1002**

18  
3  
8

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:  
St. Joseph Hospital **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours  
(Specify whether years, months or days)

In this community 35 years  
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Daisy Mae KIRBY

3. (b) If veteran, name war no

3. (c) Social Security No. 486-10-6021

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Charles M. Kirby

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 6 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>23</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER { 12. Name Joseph Kite

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

MOTHER FATHER { 14. Maiden name Unknown

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

16. (a) Informant Mr. Chas. M. Kirby

(b) Address 3809 E. 35th St., K.C., Mo.

17. (a) Burial (b) Date thereof 5-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 4-30-48 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 3809 East 35th Street **8**  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) **0**  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1948 hour 7 00 minute 4 M.

21. I hereby certify that I attended the deceased from 4-24-48  
to 4-28-48 **time of death**  
that I last saw her alive on 4-28 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial Infarction **36 hrs**

Due to Diabetes Mellitus **4 yrs**

Due to Hypertension - Coronary artery disease **2 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 61

Of autopsy same

PHYSICIAN \_\_\_\_\_  
Underline the cause to 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? \_\_\_\_\_

23. Signature Leo M. Muller (M. D., or other) **0**  
Address 3548 Giddens Date signed 4-30-48

*Dr. Leo Mulken*

**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 *Allen E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.**