No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1948

Registration District No. 49

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26415

Registrar's No. 3271

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:
514 East 9th Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community about 6 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County King 999

(c) City or town Brooklyn 30
(If outside city or town limits, write "RURAL")

(d) Street No. 3923 Snyder Avenue 0
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Ernest Kirby

3. (b) If veteran, name war None

3. (c) Social Security No. 137-09-2102

4. Sex Male 0

5. Color or race White

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) 1895 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	?	?	hr. min.

9. Birthplace England (City, town, or county) 4 (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

16. (a) Informant Investigation

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary: K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 8-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8th
year 1948 hour 8:20PM minute ..... M.

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

Immediate cause of death Coronary Sclerosis

Due to

Due to

Other conditions Deputy Coroner
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy History 93d

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Usher (M.D. or other) MD

Address 2800 Main Date signed 8/1/48

(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 Blaine E. Weibel

Licensed Embalmer No. 4028

P. O. Address K.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.