

No. 300
-10-47
5-17-39
PI 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26416
Registrar's No. 2986

FILED AUG 26 1948
Registration District No. 19

Primary Registration District No. 1002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 29 days
(Specify whether
In this community 35 years
years, months or days)

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

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased May 10 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name David Lindsey
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Taylor
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Clark
(b) Address 57 E. Gen Hosp

17. (a) burial (b) Date thereof 7-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Calvary

18. (a) Signature of funeral director Wm A. ...

(b) Address City ...

19. (a) 7-21-48 (b) Ernestine 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 2
(If outside city or town limits, write "RURAL")
(d) Street No. 507 E. 5 St. 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 July day 13
year 1948 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from April 16, 1948 to July 13, 1948;
that I last saw her alive on July 13, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of uterus
Due to _____
Due to _____
Other conditions 48 B
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy See above

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 Wm W. Hart (M. D. or other) 7-14-48
Address Med. Dir. Gen'l Hosp. Date signed _____

Duration _____
Underline the cause to which death should be charged statistically.

Dr. Williams
Dr. Burgess

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Wm A. Johnson

Licensed Embalmer No. *3089*

P. O. Address *150 MD*

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.