

FILED MAR 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 8790

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1040

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Adrian Missouri	
c. LENGTH OF STAY (in this place) 30 Days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

0070

3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) Henry c. (Last) Kircher			4. DATE OF DEATH (Month) (Day) (Year) March 2 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 13, 1900	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 9 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Hatchery	11. BIRTHPLACE (State or foreign country) U		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Charles Kircher		13b. MOTHER'S MAIDEN NAME Catherina Schmoll		14. NAME OF HUSBAND OR WIFE Corrine Kircher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.#1.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Otto Kircher, Butler Mo. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Uremia			2 wks
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension and Nephrosclerosis			unknown
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiomegaly			years

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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb 2, 1950**, to **March 2, 1950**, that I last saw the deceased alive on **March 2, 1950**, and that death occurred at **9:40m.** From the causes and on the date stated above.

23a. SIGNATURE William F. Sanders (Degree or title) M.D.		23b. ADDRESS 1103 Grand Kansas City, Mo		23c. DATE SIGNED March 4, 1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 2, 50		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Butler Mo.	
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DATE REC'D BY LOCAL REG. 3-6-50		REGISTRAR'S SIGNATURE R. Haldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Creath and Sif, Adrian Mo. ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 27 1950

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

and Fred J. Leneath # 3343

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.