

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8150
State File No. 12654
1625

BIRTH NO. 22074-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1625

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Argentine Sta.</u>	
c. LENGTH OF STAY (In this place) <u>19 hrs 39 min</u>		d. STREET ADDRESS (If rural, give location) <u>1634 So 21, K.C. Kansas.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Kiril</u> c. (Last) <u>Kirch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-14-1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>new born</u>	8. DATE OF BIRTH <u>4-13-51</u>
9. AGE (In years Last birthday) <u>-</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 24 HRS. Hours <u>19</u> Mins. <u>39</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>new born</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>new born</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Charles Edward Kirch</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Jean Pehr</u>	
14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles Kirch</u>		ADDRESS <u>1634 So 21, Kansas City, Kan.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Placental abruption</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 hrs</u> <u>70 min</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE DUPLICATE DUPLICATE		
DUPLICATE DUPLICATE DUPLICATE		DUPLICATE DUPLICATE DUPLICATE		

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) (Min)	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 4-13, 1951, to 4-14, 1951, that I last saw the deceased alive on 4-14, 1951, and that death occurred at 12:09 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. G. Neighbor</u>	23b. ADDRESS <u>3119 Strong</u>	23c. DATE SIGNED <u>14 Apr 51</u>
24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE <u>4-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Shawnee Ks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Linneman</u> ADDRESS <u>K.C.K.</u>	
DATE REC'D BY LOCAL REG. <u>4-14-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3821

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *H. Linn*

Licensed Embalmer No. 3903

P. O. Address K O K

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.