

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23115**
2816

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 2816	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON 3 17 8			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 19 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		18°	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3110 East 10th. Street				d. STREET ADDRESS (If rural, give location) 3110 East 10th. Street			
3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) Bell c. (Last) Kirk			4. DATE OF DEATH (Month) July (Day) 2 (Year) 1951				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 21, 1871	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Columbus, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Presley Martin		13b. MOTHER'S MAIDEN NAME Mary Pierce		14. NAME OF HUSBAND OR WIFE Joseph Kirk			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Clarence N. Kirk, 3110 E. 10th. K.C. Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute dilatation of heart INTERVAL BETWEEN ONSET AND DEATH 2 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) advanced age DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4343						
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 <u>12-2</u> , 19 <u>50</u> , to <u>7-2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>July 2</u> , 19 <u>51</u> , and that death occurred at <u>1:20P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE O. M. Larson D.O. (Degree or title)				23b. ADDRESS Kansas City, Missouri		23c. DATE SIGNED July 3, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 4, 1951	24c. NAME OF CEMETERY OR CREMATORY Edgeman Cemetery		24d. LOCATION (City, town, or county) (State) Columbus, Kansas		
DATE REC'D BY LOCAL REG. 7-3-51		REGISTRAR'S SIGNATURE Sherdine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butler's Sons, Kansas City, Kansas			

(Licensed Embalmer's Statement on Reverse Side)

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

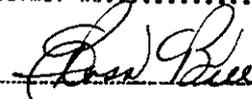
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____



Signed.....
Student Embalmer

Licensed Embalmer No. 3426 Missouri

P. O. Address. Kansas City, Kansas

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.