

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5044****856**

FILED MAR 8 1952

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

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|--|--|--|--|--|-------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. LENGTH OF STAY (in this place) 26 yrs | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | 3918 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5834 Woodland Avenue | | | d. STREET ADDRESS (If rural, give location) 5834 Woodland Avenue | | |

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|--|--|-------------|--|--------------------------|--|--|--|
| 3. NAME OF DECEASED a. (First) Louise | | b. (Middle) | | c. (Last) HIRT | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1952 | |
|--|--|-------------|--|--------------------------|--|--|--|

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|-------------------------|----------------------------------|--|------------------------------------|--|--|--------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 4-11-09 | | 9. AGE (In years last birthday) 42 | IF UNDER 1 YEAR Month | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|-------------------------|----------------------------------|--|------------------------------------|--|--|--------------------------|-------------------------|--------------------------|-------------------------|

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|---|--|-----------------------------------|--|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Germany | | 12. CITIZEN OF WHAT COUNTRY? Germany | |
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|--|--|---|--|---|--|
| 13a. FATHER'S NAME Wm. Rensing | | 13b. MOTHER'S MAIDEN NAME Renna Danne | | 14. NAME OF HUSBAND OR WIFE Richard Hirt, Sr. | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. — | | 17. INFORMANT'S SIGNATURE OR NAME Mr. Richard Hirt, 5834 Woodland, K. C., Mo. | | ADDRESS | |
|---|--|-------------------------------------|--|---|--|---------|--|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH 18 mos. | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ovary | | DUE TO (b) | | 175 | |
| | | ANTECEDENT CAUSES | | DUE TO (c) | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma ovaries bilaterally with metastases | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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|--|--|--|--|----------------------------|--|
| 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 2-25, 1951, to 2-20, 1952, that I last saw the deceased alive on 2-20, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--|--|--|------------------------------------|--|
| 23a. (SIGNATURE) James H. O'Neil (Degree or title) M.D. | | 23b. ADDRESS 424 Professional Bldg | | 23c. DATE SIGNED 2/22/52 | |
|---|--|--|--|------------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2-23-52 | | 24c. NAME OF CEMETERY OR CREMATORY St. Mary's | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
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| DATE REC'D BY LOCAL REG. 2-23-52 | | REGISTRAR'S SIGNATURE Sheraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar | | ADDRESS Kansas City, Mo. | |
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Jas. C'Veall
Prof. Helz
Va. 9841
1:30 - 4 PM

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..... *Elmer Beck*

Signed.....
Student Embalmer

Licensed Embalmer No. *19063*

P. O. Address..... *KC*

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.