

JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

19488

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 642

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>54 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>802 North 25th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>802 North 25th St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LENORA</u> b. (Middle) <u>KATHERINE</u> c. (Last) <u>KIRKPATRICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1952</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Feb. 29, 1874</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 12 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jewelry Store</u>	
11. BIRTHPLACE (State or foreign country) <u>New York City, New York</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>William Ahern</u>		13b. MOTHER'S MAIDEN NAME <u>Honor Mahony</u>		14. NAME OF HUSBAND OR WIFE <u>William F. Kirkpatrick</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bert Thorp, 2525 Faraon, City</u>	
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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 <u>2 weeks</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Chronic Myocarditis</u></p> <p>DUE TO (c) <u>Hypertension</u></p>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 May 26, 1952, to June 15, 1952, that I last saw the deceased alive on June 14, 1952, and that death occurred at 4:55P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm Raymond L. Smethoo 2</u>		23b. ADDRESS <u>209-210 Kirkpatrick Bldg</u>		23c. DATE SIGNED <u>6-21-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-18-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Mausoleum</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>June 23, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bowman Funeral Home</u>	
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St. Joseph, Mo.

AUG 6 1937

MAY 6 1937

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**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.....

*James B. Hawkins*

Licensed Embalmer No. 4536

P. O. Address 319 South 10<sup>th</sup> St. Grand

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.