

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20545

State File No. 2524

FILED JUL 5 1952

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

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>12 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters Of The Poor</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>6518 Penn</u>		
<b>3. NAME OF DECEASED</b> a. (First) <u>Walter</u> b. (Middle) <u>J.</u> c. (Last) <u>Kirkland</u>			<b>4. DATE OF DEATH</b> (Month) <u>6</u> (Day) <u>1</u> (Year) <u>52</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 28, 1881</u>	
<b>9. AGE</b> (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Pumps Co.</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Retired</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Corning, Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			<b>13a. FATHER'S NAME</b> <u>Unknown</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>UNKNOWN</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Geo. Fisher</u> <b>ADDRESS</b> <u>6518 Penn KCMO.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 hr.</u>
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute Myocardial Infarction</u>		<u>1 hr.</u>
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) _____		<u>12-00</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis Deformans</u>				<u>10 hrs</u>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from</b> <u>3/19</u> , 19 <u>50</u> , to <u>6/1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5/30</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.				
<b>23a. SIGNATURE</b> <u>Joseph A. Fogarty</u> (Degree or title)			<b>23b. ADDRESS</b> <u>402 Northman Bldg. 6376</u>	<b>23c. DATE SIGNED</b> <u>6/2/52</u>
<b>24. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24a. DATE</b> <u>6-3-52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City MO.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>6-4-52</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Holmes</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Melody-McGilley-Eylar</u> <b>ADDRESS</b> <u>KCMO.</u>

(Licensed Embalmer's Statement on Reverse Side)

*Dr. Fagerty*

**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 \_\_\_\_\_

*J. H. Bryon*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*3209*  
*J. C.*

**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.